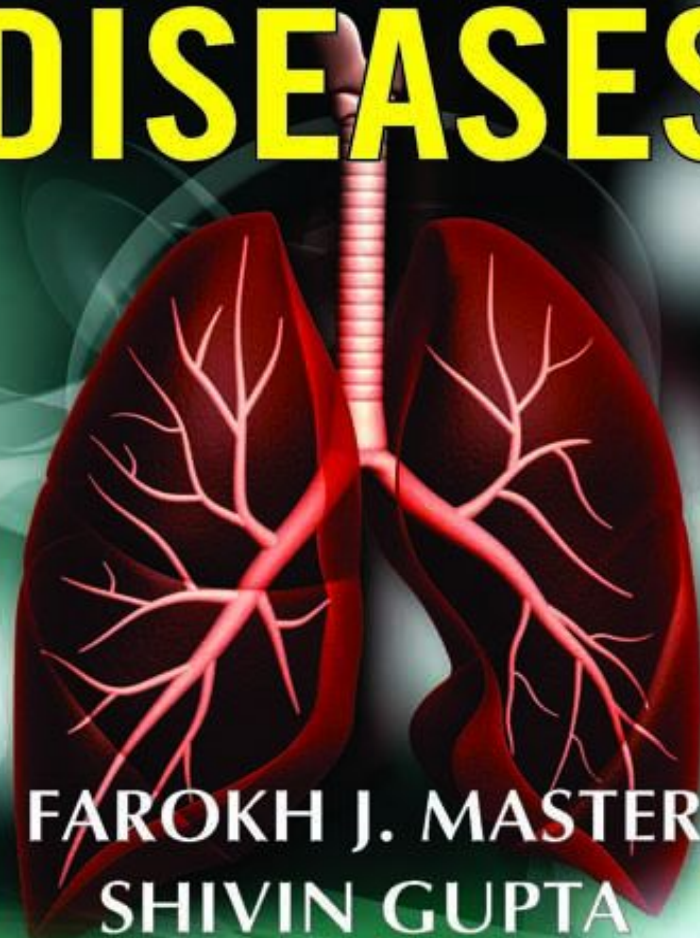


**CLINICAL
THERAPEUTICS**
of
**ACUTE
RESPIRATORY
DISEASES**



**FAROKH J. MASTER
SHIVIN GUPTA**

CLINICAL THERAPEUTICS OF ACUTE RESPIRATORY DISEASES

FAROKH J. MASTER

M.D. (HOM.), F.H.M.A. (U.K.), F.R.C.H. (U.K.)

Fellow Japanese Homoeopathic Medical Association Japan

Fellow Consultant Of Homoeopathy U.K.

Fellow U.K. Homoeopathic Doctors Medical Association

Member Working Group Liga Medicorum Homoeopathica Internationalis

Ex-Member Advisory Committee International Academy of Homoeopathy Greece

Consultant

Bombay Hospital

Jerbai Wadia Children's Hospital

K.E.M. Hospital

Kamalnayan Bajaj Cancer Centre Ruby Hall, Pune

Nowrosjee Wadia Maternity Hospital

Parsi General Hospital

SHIVIN GUPTA

B.H.M.S.



B. Jain Publishers (P) Ltd.

USA – Europe – India

Clinical Therapeutics of Acute Respiratory Diseases

First Edition: 2015

1st Impression: 2015

All rights reserved. No part of this book may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, mechanical, photocopying, recording or otherwise, without any prior written permission of the publisher/author.

© with the Author

Published by Kuldeep Jain for

B. JAIN PUBLISHERS (P) LTD.

1921/10, Chuna Mandi, Paharganj, New Delhi 110 055 (INDIA)

Tel.: +91-11-4567 1000 Fax: +91-11-4567 1010

Email: info@bjain.com Website: www.bjain.com

ISBN: 978-81-319-3585-9

DEDICATION

*This work is dedicated to my darling daughters
RUKSHIN and **MAHAZIVER** who represent my
future*

PREFACE

The homoeopathic literature has a very limited resource of authentic information regarding respiratory illnesses and thus the need for me to write this book arose.

I found that the homoeopathic books on this topic are not written from experience but are a mere reproduction. For e. g. 'Homeopathic Therapeutics of Respiratory System' by M. W. Van Denburg, is merely compiled information on the respiratory system by Hering's Guiding Symptoms. Another book 'Repertory of Cough' by Pierce Willard is totally compiled from 'Hand Book of Materia Medica and Homoeopathic Therapeutics' by T. F. Allen.

The only good books I consider worth reading for practical knowledge are 'Homoeopathic Leaders in Pneumonia' by Dr. D. T. Pulford, 'Therapeutics of Respiratory Organs' by Dr. Francois Carter, 'Therapeutics of Tuberculosis' by Dr. Ghatak, and Borland's Pneumonia.

During my time as a registrar and later on as administrative medical officer at the Bombay Homoeopathic Medical College, the indoor hospital always boasted of an 80-90% genuine occupancy. Thanks to my teachers Late Dr. Sarabhai Kapadia, Dr. K. N. Kasad and Dr. B. E. Patell, who took so much interest and had such excellent knowledge of their materia medica that they could show us such marvelous results.

The reason why homoeopathic hospitals in India are not filled to their capacity is because now-a-days clinicians and teachers are unable to demonstrate the efficacy of homoeopathic drugs on patients by the bedside.

Selecting the contents of this book was very tricky because the topic is so vast that even a hundred different chapters would be insufficient to do justice to it. Hence I decided to select those diseases which I was very

fortunate to treat in homoeopathic hospitals in Bombay from the December of 1979 till the December of 1991.

Later, I started treating patients in major allopathic hospitals like King Edward Memorial, Hinduja, Lilavati, Breach Candy etc. The consulting chest physicians were also very kind in allowing me to treat such cases with homoeopathy.

After a lot of introspection I decided to include common respiratory illnesses like pneumonia, asthma, pulmonary oedema and respiratory failure and also rare illnesses like atelectasis and pulmonary embolism. The book begins with the various pathologies and ends with a clinical repertory of respiratory diseases. This book has been written purely through my clinical practice; for the clinicians who can apply the same information by the bedside of their patients.

This book is not an encyclopedia of respiratory diseases, hence the explanation about the remedies are very precise in their scope.

The format of each chapter is a short introduction of the topic followed by an explanation of materia medica. A special box has been created which I have called 'on observation'. In this box, symptoms which have been specially verified from the disease as well as from the materia medica have been selected. Another box is called 'on examination' where the examination findings of patients which have been repeatedly confirmed has been mentioned. In every remedy there are symptoms written in bold indicating the importance from their clinical point of view.

My sincerest salutations to Dr. Farokh E. Udwadia, Dr. Zarir F. Udwadia and Dr. Anirudh F. Kohli who wrote a wonderful book called 'Principles of Respiratory Medicines'. This book is a bible for me. Whenever I am stuck with a case as far as diagnosis and management is concerned I refer to it. Another book 'Diagnosis and Management of Medical Emergencies' by Dr. Rustom Jal Vakil and Dr. Farokh E. Udwadia is a storehouse of rare gems for your clinical practice. I cannot imagine my existence without reading them.

I sincerely thank Dr. Shivin Gupta, my senior most assistant who has been working with me with total dedication for the past several years. His devotion, diligence and jesting nature encouraged me to write a book like this. He helped me gather a lot of reference material needed to write this book and also helped to convert all my voice notes from my I-pod to paper.

I am also grateful to my daughter Dr. Rukshin Master and Dr. Natasha Fernandes for editing and proof reading. I also want to extend my thanks to Mr. Peter Hassmann and his beautiful wife Agnes Tuscher. I also want to thank Dr. Huma Kadri, Dr. Aditi Bhatnagar, Dr. Nishita Shah, Dr. Hardik Shah and Dr. Jinal Shah who took care of my private practice while I was busy writing this book.

Finally, I would like to thank Mr. Paresh Shah and his team at Vijay Copy Centre for their unstinted co-operation in publishing the first edition of this book.

Last but not the least I want to thank my wife Dilnavaz and Iran Shah of Udwada without whose blessing I would doubt my existence.

Dr. Farokh J. Master
January, 2012

PUBLISHER'S NOTE

Dr Farokh J. Master is an eminent and renowned physician and an enthusiastic teacher. His literary works have always been appreciated amongst the homoeopathic fraternity and students across the globe. He has been bringing a new line of thought to the homoeopaths may it be by his explicit work on '*Glimpses of the Association between Fairytales and Homoeopathy*' or even the '*Clinical Observations on Children Remedies*'. There has always been a new punch in all his books which has been successful in exciting a nerve in every homoeopath.

This work of his is no exception to his delightful thinking. This I believe is an epic depiction of his vast experience in the field of homoeopathy and respiratory diseases. He seems to have explored the field in detail and has been able to bring it on the paper equally beautifully. It is not a mere compilation from various classical works rather it is a practical guide from years of experience. It is the learning of an eminent physician in his long years of successful practice penned down for the welfare of the students.

I feel ecstatic to present this asset to the homoeopathic world hoping that it will be put to good use.

Kuldeep Jain
C.E.O., B. Jain Publishers (P) Ltd.

CONTENTS

Dedication

Preface

Publisher's Note

Acute Pulmonary Oedema

Acute Respiratory Distress Syndrome

Acute Severe Asthma

Atelectasis

Pneumonia

 Incipient

 Frankly developed pneumonia

 Complicated pneumonia

 1) Mixed infection or alcoholic patient

 2) Creeping type of pneumonia or definite bronchopneumonia in adult

 Late pneumonia

Pulmonary Aspiration

Pulmonary Embolism

Respiratory Failure

Clinical repertory of the respiratory diseases

ACUTE PULMONARY OEDEMA

Acute pulmonary oedema is a life threatening emergency which occurs when the hydrostatic pressure within the pulmonary capillaries rises to more than 25 mmHg.

Causative Factors

The most common causes of acute pulmonary oedema are cardiac causes. The main causes for pulmonary oedema are listed below.

I. Altered capillary permeability

1. Infectious pulmonary oedema (viral or bacterial)
2. Inhaled toxins
3. Circulating toxins
4. Vasoactive substances (histamine, kinins)
5. Disseminated intravascular coagulation
6. Immunologic reactions
7. Radiation pneumonia
8. Uremia
9. Near-drowning
10. Aspiration pneumonia
11. Smoke inhalation
12. Adult respiratory distress syndrome

II. Increased pulmonary capillary pressure

1. Cardiac causes
 - i. Left ventricular failure from any cause
 - ii. Mitral stenosis
 - iii. Subacute bacterial endocarditis
2. Non-cardiac causes
 - i. Pulmonary venous fibrosis
 - ii. Congenital stenosis of the origin of the pulmonary veins
 - iii. Pulmonary veno-occlusive disease
3. Over infusion of fluids

III. Decreased oncotic pressure

1. Hypoalbuminemia due to (renal, hepatic, nutritional or protein-losing enteropathy)

IV. Lymphatic insufficiency

V. Mixed or unknown mechanisms

1. High-altitude pulmonary oedema
2. Neurogenic pulmonary oedema (CNS trauma, subarachnoid bleeding)
3. Overdose of heroin & other narcotics.
4. Pulmonary embolism (very rare)
5. Pulmonary parenchymal disease
6. Eclampsia
7. Cardioversion
8. Post-anaesthetic
9. Cardiopulmonary bypass

Pathophysiology

The pathophysiology of acute pulmonary oedema is analogous to that of sub-cutaneous tissues; the key point being an imbalance in Starling Forces which causes fluid accumulation in the interstitium and alveolus.

There are three mechanisms responsible in keeping the interstitium and the alveolus dry:

1. The plasma oncotic pressure is 25 mm Hg which is higher than the pulmonary capillary pressure of 7-12 mmHg.
2. The connective tissue and cellular barriers are relatively impermeable to the plasma proteins.
3. Extensive lymphatic system.

The opposing forces that are most likely responsible for fluid transference to the interstitium are:

1. Pulmonary capillary pressure
2. Plasma oncotic pressure

When normal mechanisms to keep the lung dry either malfunction or are overwhelmed by excess fluid, oedema ensues through a predictable sequence of events. This process has been divided into three stages:

Stage 1 - Fluid transfer is increased into the lung interstitium. The lymphatic flow in response increases because of which there is no net increase in the interstitial volume.

Stage 2 - The capacity of the lymphatic system to drain this excess fluid is exceeded and the liquid begins to accumulate in the interstitial spaces surrounding the bronchioles and lung vasculature (which yields the X-ray pattern of interstitial pulmonary oedema).

Stage 3 - As this fluid continues to build up, increased pressure causes it to track into the interstitial spaces around the alveoli and finally it disrupts the tight junctions of the alveolar membranes. Fluid first builds up in the periphery of the alveolar capillary membranes and finally floods the alveoli. During stage 3 the X-ray picture of alveolar pulmonary oedema is seen and gas exchange becomes impaired. In addition to the processes occurring at

each alveolus, gravity also plays an important influence on the fluid mechanics of the lung. Because blood is much denser than air and air-containing tissue, the effect of gravity on it is most pronounced. Under normal circumstances more perfusion occurs at the lung bases than at the apices; however, when pulmonary venous pressures rise and fluid begins to accumulate at the lung bases the blood flow begins to be redistributed toward the apices.

Clinical Signs and Symptoms

The clinical signs and symptoms of acute pulmonary oedema can start as a primary manifestation or as an evolution of an already existing disease.

At the beginning of the process, when oedema is only in the interstitium, patients can present only tachypnoea and dry cough. It is necessary for the pulmonary fluid to increase by 3 fold for the perception of rales on auscultation of the chest wall. On the other hand a dramatic situation can also be found. When the pulmonary fluid accumulation is very intense and rapid, the patient may present with intense dyspnea, cyanosis, and elimination of large amount of frothy pink sputum.

Symptoms may result due to congestion in the lungs associated with the condition and/or due to reduced cardiac output.

1. History of dyspnoea on exertion, orthopnea, paroxysmal nocturnal dyspnea.
2. Dyspnea is associated with cough and pink frothy sputum (frank pulmonary oedema).
3. Patient looks anxious gasping for breath.
4. Patient is pale, cyanosed with cold peripheries and is pouring with sweat.
5. There is tachycardia and in addition pulsus alternans may be present.
6. Blood pressure is usually low but may be elevated with a narrow pulse pressure.
7. A third heart sound (S3) and loud P2 may be present and there may be cardiac murmurs but are usually difficult to appreciate because of lung

sounds.

8. There are wide spread loud crackles and wheeze over the lung fields.

Investigations

1. Complete blood count, blood urea, creatinine, sodium, and potassium estimation.
2. Arterial blood gases show low PaO₂, with normal or low PaCO₂, and low blood pH suggesting metabolic acidosis.
3. E.C.G. may be normal despite severe LVF. However, following changes may be seen viz.
 - i. Left ventricular hypertrophy
 - ii. Left ventricular strain or pressure overload suggested by ST depression in the lateral leads V4-V5 and leads I and aVL.
 - iii. Arrhythmia, most commonly atrial fibrillation
 - iv. Evidence of myocardial infarction
 - v. Left bundle branch block.
4. Chest X-ray
 - i. Characteristic semi-confluent mottling spreading from hila and enlarged upper lobe pulmonary veins.
 - ii. Cardiomegaly
 - iii. Kerley 'B' lines and pleural effusion.
5. Echocardiogram is mandatory in all the patients since it may be helpful in the diagnosis and management of:
 - i. Unsuspected yet correctable valvular lesions because of low cardiac output and low blood flow past the valve which may not produce an audible murmur.
 - ii. Unsuspected cardiac aneurysm.
 - iii. Hypertrophic cardiomyopathy.
 - iv. Systolic or diastolic LV dysfunction
6. Pulmonary capillary pressure (PCP) at which pulmonary oedema secondary to LVF occurs is above 25 mmHG. PCP is essentially the

same as the left atrial pressure which in turn reflects the left ventricular end diastolic pressure. The left atrial pressure helps to distinguish between non-cardiac and cardiac pulmonary oedema, to help assessment of hypovolemia, for the proper management of complicated acute pulmonary oedema.

Differential Diagnosis

1. **Bronchial asthma:** In bronchial asthma there is a higher pitched wheeze and fewer crackles than in acute pulmonary oedema. There is quick inspiratory snatch and a prolonged expiratory phase; the sputum is white and sticky; the chest X-ray may be normal or may show hyperinflation of the lungs or evidence of infection.
2. **Pulmonary embolism:** There may be a history of DVT of the legs and a history of acute dyspnoea, syncope or collapse and central chest pain. There may be complaints of pleuritic chest pain and hemoptysis.
3. **Non-cardiogenic pulmonary oedema, ARDS:** Echocardiogram and measurement of PCWP is needed to differentiate it from cardiogenic pulmonary oedema whereas they are within normal range in ARDS.
4. **Acute or chronic respiratory failure:** Mimics acute pulmonary oedema and may be preceded by a history of orthopnea. PaCO₂ should be measured before giving morphine and oxygen as it may help distinguish between the two and if there is any doubt of chronic respiratory failure morphine should be deferred as it may depress the respiration and worsen the condition.
5. **Other causes** of acute shortness of breath e. g., pneumothorax, acute respiratory tract infection, large pleural effusion, massive pulmonary collapse, myasthenia gravis, acute infective polyneuritis may be easily confused.

Treatment

The patient should be propped up. The management includes administration of oxygen and the indicated homoeopathic medicines. However in failure to get an appropriate response one has to use parental morphine, diuretics and

digoxin simultaneously with homoeopathic drugs. Once this is tackled then one has to also treat the underlying cause of the disease.

Homoeopathic Treatment

1. Arsenicum album

The patient is in an acute distress yet **anxious, alert and restless**; constantly desiring **death**. The person is **gasping** for air which is accompanied by **thirst** for **sips** of water frequently. The attack comes typically after midnight between **1 am to 4 a.m.** The person jumps out of bed and either **sits up or sits bend forward** to get the relief as lying down or lying with head low aggravates the distress. **Any warm application applied on the chest gives relief to the patient**; fresh open air is also required by the person to ease his distress.

There is presence of loose rattling cough worse by cold air; **midnight**; lying down and better by **sitting in erect position or warm drinks**.

Expectoration is frothy, bloody and copious.

X-ray chest shows pulmonary oedema and it may also show pericardial effusion or cardiomegaly.

On Observation:

1. Respiration accelerated
2. Constant motion of the head
3. **Enlarged veins of the sclera**
4. Glassy appearance of the eyes
5. Pupils contracted
6. Cold nose
7. Dilated nostrils
8. Epistaxis
9. Nose pointed or knobby

10. Face bloated
11. Face lead colored, pale, sickly
12. **Dropping of the jaw**
13. Facial expression anxious, confused, distressed and old looking
14. Perspiration of the face
15. Wrinkled forehead
16. Bleeding gums
17. Tongue cracked, white, black or bluish
18. Bad odor from the mouth
19. Cachexia
20. **Restlessness, keeps changing his position**

On Examination:

1. On chest auscultation cardiac murmurs and rhonchi
2. Pulse frequent and fluttering or irregular and **small** or weak and almost **imperceptible**

2. Arsenicum iodatum

This is especially indicated for **anemic** patients who have irritable temperament and are prone to extreme lassitude. They are both sensitive to heat and cold. They look **emaciated** and have **induration of glands** in different parts of the body.

They mainly complain of dyspnoea worse **before midnight**, ascending stairs, exertion, lying down, motion and warm room; and better in open air. **They want doors and windows open.**

Respiration is irregular, rattling and wheezing.

Cough is deep, hacking, spasmodic and suffocative worse in **warm room** or by **talking**.

Expectoration is bloody, **purulent** and stringy.

There may be past history of tuberculosis, bronchitis, pneumonia, malignancy, abscess of lung, aneurysm and epistaxis.

X-ray chest shows pulmonary oedema, **dilatation** of the heart. It may also show **tuberculosis**.

ECG shows ST-T wave changes.

On Observation:

1. Respiration accelerated
2. Perspiration on the forehead
3. **Eyes sunken**
4. Nose discoloration red
5. Face discoloration pale, earthy or circumscribed redness
6. **Face sunken**
7. Tongue indented
8. Speech difficult

On Examination:

1. On chest auscultation cardiac murmurs
2. Abdomen ascites
3. Liver and spleen enlarged
4. Pulse frequent and small or intermittent and irregular or weak

3. Cactus grandiflorus

Cactus patients are sanguine and plethoric.

There is **great dyspnoea associated with irregular action of the heart**. Dyspnoea is worse during sleep or on going to sleep, talking, during

coughing, lying, stooping or walking. They want the doors and windows open.

With dyspnoea there can be a constricting sensation in the area of precordium or anywhere in the chest. The **pulmonary oedema ultimately ends in cardiac failure.**

Cough is worse after midnight, **open air**, inspiration or eating. Expectoration is **bloody or streaks of blood**, offensive odor, scanty, viscid and thick.

There may be past history of epistaxis.

X-ray chest shows evidence of emphysema.

ECG may show extra systole, atrial fibrillation or 1° heart block.

2D-Echo may show pericardial effusion.

On Observation:

1. Respiration accelerated, gasping, panting or rattling
2. Cold perspiration on the forehead
3. Forehead swollen
4. Eyes discoloration red
5. Pupils dilated

On Examination:

1. On chest auscultation cardiac murmurs
2. Pulse intermittent, frequent, irregular, **slow** or almost **imperceptible.**

4. Camphora officinalis

Clinically they will present as restless anxious people who cannot bear to be covered. They complain of a dry hacking **cough with every inspiration**. There is **excessive mucus in the air-passages that leads to complete arrest of breathing**. Suffocative dyspnoea as if from pressure at the pit of the stomach.

Dry, hacking cough worse especially at forenoon, fresh air, while speaking, laughing, quick walking or ascending steps; accompanied by stitches in the left chest while walking. **Painful cough** i.e. pain in the trachea, bronchial tubes, stomach and throat most when coughing, exertion or by clearing the throat and hawking.

There is practically **no expectoration** or hardly any.

In the chest there is a feeling of pressure as from a load on the upper part of the sternum, while standing which leads to difficult inspiration. Mucus in air passages. Congestion of chest. **Cold sweat on the upper part of chest**.

On Observation:

1. Patient refuses to answer
2. Awkward
3. Startles easily
4. Distension of the veins on the head
5. Eyes dull and injected
6. Pupils contracted
7. **Nose pinched**
8. Face bloated
9. **Facial expression in haggard and vacant**
10. Cold perspiration on the face
11. Tongue cracked and fissured
12. Offensive odor from the mouth
13. **Clenching of teeth**

On Examination:

1. On chest auscultation crepitations
2. Pulse frequent, slow, **weak** or imperceptible.

5. Carbo vegetabilis

Carbo-veg patients can be distinguished from a distance by looking at the **pinched appearance of their face**. There is flapping of the alae nasi; bluish discoloration of the face, but there is not much cyanosis. **Extremities are cold, icy cold or pale**. There is intense air hunger. Even though they are extremely chilly and freezing cold they have an intense air hunger. The lips are purplish and swollen. The tongue is dirty yellow or yellowish brown. The person is extremely **thirsty**, wants sips of cold water.

Respiration is difficult, **wants to be fanned**, worse in a warm room and by lying with **head low** and better by sitting erect.

Expectorating is extremely difficult and he gets extremely **fatigued** and **exhausted** the moment he tries to expectorate. The patient usually wants to be propped up; they **want to avoid any constriction of the chest or around the neck**. They will not allow the nurse to keep any blanket on the chest. There is a sensation of choking in the throat. Swallowing is difficult but painless especially of solids.

Like Lachesis they always tend to sleep into aggravation. They doze off and then wake up simply **gasping for breath due to pulmonary oedema**. Many times they develop concomitant heart failure.

On Observation:

1. Respiration is gasping, rattling and stertorous
2. **Pinched nose**
3. Picking at nose
4. Eyelids are difficult to open, they keep on closing

5. Eyes are sunken
6. Face discoloration red or yellow
7. Lips swollen
8. **Frothing of the mouth**
9. Profuse salivation
10. Speech is difficult
11. Extreme thirst, wants sips of cold water

On Examination:

1. On chest auscultation crepitations are audible
2. Pulse **soft, weak** or imperceptible.

6. Chininum arsenicosum

Usually the symptoms related to pulmonary oedema like dyspnoea occurs at **night** accompanied by cough. The patient is **unable to lie down**. He **wants the doors and windows kept open**. Sitting bent forward makes his respiration much more comfortable. Such types of episodes of respiratory distress may come periodically especially **when exposed to cold air**.

The cough is loose, short and suffocative; worse **after midnight**; while talking; on breathing deeply. **Expectoration is copious, white, and viscid or may be purulent**.

This respiratory distress is accompanied by stitching chest pain which is worse on coughing. The pain is more restricted to the right side of the chest.

There may be **palpitation of the heart which is worse by anxiety and excitement**. Patient is extremely **chilly**, having a strong desire for cold water. They are weak and they want to lie down.

Past history of **tuberculosis** is confirmatory evidence in majority of cases.

X-ray chest shows frank pulmonary oedema.

ECG shows **ST-T wave changes**.

On Observation:

1. Emaciation
2. Perspiration of forehead
3. **Tears gushing**
4. Epistaxis
5. Face discoloration
6. Facial expression anxious
7. Mouth aphthae
8. Tongue cracked, red triangular tip
9. **Thirst for small quantity**
10. Urine cloudy, red sediments

On Examination:

Respiration wheezing, rattling, accelerated and whistling

1. Cyanosis
2. Dropsy
3. **Liver enlarged and hard**
4. **Spleen enlarged**

7. Crotalus horridus

During an episode of acute pulmonary oedema in *Crotalus horridus* the main difficulty in breathing is near the **area of larynx** where the patient finds severe **constriction**. This becomes worse **when he attempts to sleep, also when he wakes up** he may have severe difficulty in breathing.

Accompanied with this respiration is a choking type of cough. The patient keeps on pointing a **dry spot in the larynx** which is responsible for cough. Cough is worse by talking; cold air; and waking on.

There may be bloody expectoration which is **black and dark**. There is stitching pain while coughing and sneezing. Palpitation accompanies the difficulty in breathing.

There may be a past history of **tuberculosis, cirrhosis of liver, appendicitis, pancreatitis** or hepatitis.

Urine routine will show presence of albumin.

X-ray chest shows tuberculosis, pulmonary oedema and changes of **bronchiectasis**.

ECG shows ST-T wave changes.

CT-scan shows cancer of bronchus.

On Observation:

1. Voice rough and weak
2. Red discoloration of the eyes
3. Mild protrusion of the eyes
4. Face is discolored- dark, red
5. Expression is **anxious and besotted**
6. Tongue discoloration – **dark brown or yellow**
7. Saliva is frothy
8. Uvula elongated

On Examination:

1. Respiration is accelerated (In the terminal stages the respiration can be slow)

2. Respiration irregular, **jerking, puffing**
3. Oedema of the glottis
4. Asphyxia
5. Cardiac murmurs
6. Anemia
7. **Cyanosis**
8. **Dropsy on dependant parts**
9. Pulse frequent, **full and irregular** or can be imperceptible, slow, soft and weak

8. Digitalis purpurea

It is one of the greatest remedy when the heart is primarily affected leading to pulmonary oedema. There is a **constant anxiety in and around the region of the heart** especially when the person moves about. There is passive congestion of the lung either due to a **damaged myocardium** or **damaged valves of the heart**.

Any kind of exertion aggravates the pulmonary oedema. **If not treated in time the oedema leads to early collapse of lung.**

There is rattling, hacking, short cough worse **midnight**, deep breathing, drinking, eating, **inspiration, talking**, walking, **cold drinks** and excitement.

The expectoration is pale, **bloody** or **mucoïd** slightly **offensive** or **grayish green**. Very rarely it can be **purulent**. The person may **have to swallow whatever he has loosened**.

The respiration is accelerated or gets impeded whenever the person is attempting to sleep, or it becomes difficult worse exertion, coughing and lying down. The person wants the door and windows to be kept open and needs to sit up because as soon as he lies down he starts gasping for breath.

X-ray chest shows pulmonary oedema.

On Observation:

1. Gasping respiration during sleep
2. Respiration **panting**
3. Restlessness
4. **Death presentiment**
5. Bores his head into pillow
6. Cold perspiration on the head
7. Veins of the eyes enlarged
8. Pupils insensible to light, irregular, sluggish
9. Face bloated
10. **Lips are pale**
11. Facial expression pinched and sickly
12. Face sunken
13. **Veins of forehead distended**
14. Tongue clean, **bluish** or black
15. **Saliva frothy**

On Examination:

1. Pulse **slow**, small, soft and **slower than the heart beats**

9. Gelsemium sempervirens

Acute breathlessness in Gelsemium is usually triggered by **emotions** as soon as **the person attempts to sleep, he suddenly wakes up due to suffocation** or by barking, dry, hacking, spasmodic cough. He coughs very **violently** and brings out bloody **thick mucus**.

Sensations in the region of heart like oppression and palpitation are extremely important. The person may have **burning or raw pain in the chest during coughing**.

There may be a past history of **epistaxis**.

X-ray chest shows pneumonia and changes of bronchitis.

ECG shows ST-T wave changes.

On Observation:

1. Voice hoarse, muffle and weak
2. Inspiration is difficult
3. Rapid aspiration
4. **Gasping type of respiration**
5. Respiration is irregular and jerking but in the terminal stage absolutely imperceptible.
6. **Cold perspiration on the forehead**
7. Eyes discoloration red and difficult to keep the eyelids open.
8. Face discoloration dark, gray, red.
9. **Facial expression besotted, sleepy and tired**
10. Tongue discoloration white, dirty **white or yellow**
11. Froth from the mouth
12. **Speech is difficult and thick**

On Examination:

1. Pulse is full, hard, and strong or can be **weak and imperceptible**.

10. Hydrocyanicum acidum

This remedy is useful when pulmonary oedema is progressing into pulmonary failure and subsequent collapse. **There is frequent cough of rattling or suffocative nature; this is accompanied by painful scraping and burning in the larynx;** with constriction of the throat and hoarseness of the voice.

One more symptom verified frequently in my practice is that when he drinks, the **water rolls down audibly through his throat, as though it were being poured into an empty barrel.** The person wants to breathe deeply.

Respiration is rattling, groaning, profound, slow, **stertorous** very difficult, with **mucous rales.** There will be a feeling of suffocation with severe pain in the chest. Respiration accelerated especially on **going to sleep;** respiration difficult with coughing, **gasping for breath with every exertion.**

On Observation:

1. Respiration accelerated
2. Respiration **gasping,** rattling and **stertorous**
3. Convulsive gestures
4. **Involuntary movement of hands**
5. **Speech incoherent**
6. Head drawn sidewise upon shoulder
7. Eyes are glassy
8. **Eyelids half open**
9. Eyes staring
10. Face bloated
11. Clenched jaw
12. **Coldness of the face**
13. Face discoloration bluish, cyanotic or pale
14. **Face perspiration**
15. Face sunken
16. Froth from the mouth
17. Protruding tongue
18. **Clenching of teeth together**
19. Swallowing impossible

20. Gurgling sound in throat while drinking
21. Blood vessels of neck distended
22. **Eating or drinking is always noisy**
23. Involuntary stool and urine
24. **Associated renal failure**
25. Urine sediment thick
26. Urine color light yellow
27. **Coldness of hands and fingers**

On Examination:

1. Pulse irregular, **slow, weak or soft**

11. Iodium

People who need Iodium as a remedy are **hot** patients. They **always want the fan and** open air. Even with so much suffering their appetite always remains normal or voracious.

They develop **profuse hot sweating** suddenly. They complain of **dry suffocating cough which exhausts then associated with gagging and retching.**

It is usually indicated in **pulmonary oedema which is associated with cardiac failure due to malignancy of the lung.**

Respiration arrested especially while coughing. Patient has marked difficulty in inspiration of air. The dyspnoea is aggravated on ascending stairs, coughing, lying, motion, warm room and **better in open air.** Accompanying by the dyspnoeic attack is **severe palpitation worse by motion and excitement.**

Cough is loose; worse by **lying on back,** motion, exertion and **better by drinking.**

Expectoration bloody, copious, thick, sticky and difficult to bring out, keeps on slipping back into the lungs.

There may be a past history of thyroid illness, pneumonia, bronchitis, excessive smoking, epistaxis, diabetes mellitus and cirrhosis of liver.

X-ray chest may show tuberculosis, pulmonary tuberculosis, enlarged heart and **pleural effusion**.

2D-Echo may show **pericardial effusion**.

CBC shows **low platelet counts**.

On Observation:

1. Respiration irregular, loud, rattling and wheezing
2. **Perspiration on the forehead**
3. Eyeballs mildly protruded
4. Face **bloated** and **greasy**
5. Face discolored red or brown
6. Expression anxious, distressed, pinched and sickly
7. Tongue brown or heavily white coated
8. There is a burning thirst for large quantities of water
9. **Cold perspiration on the hands**
10. **Rapid emaciation**

On Examination:

1. Sinuses tender
2. Dropsy of dependant parts
3. **Liver and spleen hard and enlarged**
4. On chest auscultation cardiac murmurs

5. Pulse frequent, audible, full, strong but in terminal stages **imperceptible and weak**

12. Ipecacuanha

In pulmonary oedema of Ipecac there is usually an adamant, strong gastric component like nausea, vomiting and retching. He gets bouts of violent dyspnoea accompanied by coughing and epistaxis. The dyspnoea is worse by exertion, motion, walking and lying down and better in open air and by sitting erect.

There is the presence of a characteristic cough which is worse when going in to open air, exertion, lying on sides or back, eating fatty food and better by warm application.

The cough is usually aggravated in **stuffy atmosphere**. Expectoration is bloody, difficult and **frothy**.

There may be a past history of **tuberculosis**, epistaxis, bronchopneumonia, pneumonia and **pulmonary tuberculosis**.

X-ray chest shows pulmonary oedema. It may also show pulmonary tuberculosis.

Bronchoscopy may show hemorrhages within the bronchus and a lot of secretion with excessive mucus.

On Observation:

1. Respiration moaning, rattling and stertorous
2. Respiration accelerated
3. Respiration arrested during cough
4. Severe dyspnoea accompanied by vomiting and retching
5. **Cold perspiration on the forehead while coughing**
6. Perspiration on scalp while coughing
7. Eyes red as if inflamed

8. Pupils sluggish and contracted

9. Face bloated

10. Face discoloration pale or bluish while coughing

11. Expression anxious

12. **Excoriation of corners of mouth**

13. Prominent linea nasalis

14. Tongue discoloration white, thick white especially in the centre or brown

15. Saliva frothy

16. Continuous gagging especially while coughing

17. **Extreme thirst or completely thirstless**

18. Abdomen distended

19. Urine brown or yellow

On Examination:

1. On auscultation of the abdomen there is rumbling and gurgling

2. Pulse is **small, soft and weak**

13. Lachesis muta

Lachesis patients usually develop symptoms related to pulmonary oedema in winter or spring especially when the weather starts getting warmer after winter. The patient that you are going to see will be extremely toxic; his expression will be cyanotic and mottled and his face **puffy**.

Lips become swollen and cyanotic; speech **thick** due to difficulty in **articulations**. Sometimes pulmonary oedema patient may go into a delusion especially that somebody is going to poison them. Tongue is **dark, swollen, red, with sticky salivation**.

Great fear to lie down because of suffocation. They dread to lie down also because it leads to severe bouts of cough and is associated with

violent headaches. They feel as if the blood from the body is rushed or forced into the head. **Head is hot and at the same time legs and feet are icy cold.**

Many times I have seen Lachesis patients complaining of feeling of **fullness** in the **chest** just behind the sternum. The collection of fluid in the lungs is more on the **left side**. They **cannot bear to have anything close around the neck** as they would be strangled. They are **unable to bear any pressure on the chest even of the blanket.**

Sputum is usually **scanty**; sometimes the patient wants to expectorate but the expectoration gets stuck half way in the respiratory tract and they cannot expectorate it further.

The skin of the **chest is extremely sensitive to touch**. **The person hates any strong odor especially of tobacco** in the room where he is lying down.

They are extremely hot and dislike hot stuffy room. They have a marked **aggravation after sleep**. Sometimes they wake up from the sleep quite distressed. One can also observe fine tremors in the hands.

Cough is worse on waking, after eating, or after any **excitement** and better by expectoration.

Respiration is accelerated and arrested which is worse during cough; and during sleep; and better by bending forward; and bending the head backward.

Respiration becomes difficult on slightest exertion; lying down; and better by sitting bend forward and by sitting erect.

On Observation:

1. Eyes discoloration red
2. Injected conjunctiva
3. Pupils dilated and insensible to light

4. Eyes sunken
5. **Excessive dyspnoea in nose**
6. Epistaxis
7. **Picking at nose till it bleeds**
8. Nose pointed
9. Bleeding of lips
10. Bloated face
11. Cracked lips
12. Face discoloration red or pale
13. Expression **haggard** and vacant
14. **Cold perspiration on the face**
15. Swelling on the lips
16. Tongue cracked
17. Tongue discoloration brown and yellow
18. Tongue trembling
19. **Throat choking agg sleep during**
20. Constant disposition to swallow

On Examination:

1. Pulse frequent, **full** or slow and small or thready

14. Laurocerasus

When the pulmonary oedema destroys all the vital functions of lungs and heart and the person is on the **verge of collapse** think of this remedy.

It should be remembered in the cases when there is **cyanosis** and **slight exercise produces gasping for breath**; the dyspnoea is worse while in the open air and while sitting up. The typical breathing pattern is sudden **gasping** or **panting** for breath then 2 or 3 long breath then the breathing gets gradually shallow then a pause followed by 2-3 gasps, this pattern

keeps on repeating. **The dyspnoea increases if the patient sits upright.** The patient is always **better in a semi-recumbent position.**

Majority of valvular heart disease that leads to pulmonary oedema can be easily treated by using this remedy.

The cough is hard, constant and rough. Cough is always worse by lying down but sitting upright produces severe congestion of the chest and hence semi-recumbent is the best position. Expectoration is **bluish**, bloody, copious, **jelly like** or purulent. Laurocerasus patients are highly prone to develop pneumonia due to respiratory distress.

The most characteristic symptom is when he attempts to drink any liquid it rolls audibly through oesophagus and intestines.

They are extremely **chilly** not ameliorated by **warmth**. **Clubbed fingers**, bluish red complexion with bluish discoloration of the lips is a typical triad of Laurocerasus.

X-ray chest shows pulmonary oedema. It may also show **pulmonary tuberculosis.**

On Observation:

1. Respiration accelerated, gasping, loud and stertorous
2. Cold perspiration on the forehead
3. **Eyelids half open**
4. Pupils insensible to light
5. **Icy coldness of the nose**
6. Perspiration on the nose
7. **Nose pointed**
8. Face bloated
9. Face discoloration blue
10. Clenched jaw
11. Expression sleepy

12. Face sunken
13. **Tongue dirty white**
14. Swallowing impossible
15. Noisy swallowing
16. Neck pulsation
17. **Thirst for small quantity**
18. Scanty urine
19. **Excessive mucus in the larynx**
20. Weak voice

On Examination:

1. Pulse full and irregular, **small or feeble**

15. Lycopodium clavatum

In majority of the cases of pulmonary oedema you will not think of Lycopodium as the first remedy but if you study the case very closely you will not miss Lycopodium.

The patient looks quite **anxious, bloated** face especially between the eyes. The jaw is slightly **clenched**; face looks earthy **grayish** or pale. Expression is **confused** and **pinched**.

Respiration is accelerated. As soon as the person makes an attempt to sleep the respiration is arrested. Usually the episode of dyspnoea comes late in the afternoon or after midnight. **Lying on the back or on the left side is impossible.**

Any sort of exertion or motion will also aggravate the situation. This discomfort in respiration is associated with gastric concomitant of eructation and flatulence. **Sitting erect helps relieve the patient.**

They usually have a frown on their forehead. The **lips tend to be cyanosed**. Emotionally they are **anxious** and **constantly need attention**. They are **domineering**, even when they are breathless, on their attendants. **Whenever they wake up from the sleep they tend to be peevish and irritable**.

Associated with respiratory distress they have a pinched nose and a good deal of flapping of the alae nasi or there can be twitching of the muscles of the face. The teeth are quite yellow. They complain of sour taste in the mouth. Tongue tends to be coated white. **Most of the patients are not at all thirsty but if they are they are thirsty for warm drinks**. However if they drink more it produces a sense of fullness and distension in the abdomen.

The cough is always difficult after midnight. Cough is **barking**, hoarse, **hollow** and **loose**. Cough is worse on ascending stairs and lying on the side and better by lying on the back.

Very often the patient complains of rawness in the chest after coughing. Sputum is scanty, bloody, gelatinous, frothy, salty and purulent tasting like old cheese.

Most Lycopodium patients, during an attack, are chilly. They are sensitive to cold but they **dislike warm weather or stuffy room**. There may be palpitation during the attack aggravated by lying on the left side. **Mostly the pulmonary oedema occurs on the right lung rather than the left**.

There may be a past history of:

1. Aneurysm
2. Cerebro-vascular accident
3. **Cirrhosis of liver**
4. Eosinophilia
5. Epistaxis
6. High cholesterol

7. Hypertension
8. Nasal polyps
9. Osteoporosis
10. Thyroid disorder
11. Tobacco smoking
12. **Uremia**
13. Valvular heart disease

X-ray chest may show pulmonary tuberculosis, emphysema, pneumonia or bronchitis.

ECG may show ST-T wave changes and **cardiac hypertrophy**.

On Observation:

1. Respiration gasping, wheezing and whistling
2. **Emaciation around clavicles**
3. **Cold perspiration on the face**
4. Perspiration on the forehead

On Examination:

1. Dropsy on dependant parts
2. **Liver and spleen enlarged**
3. Pulse frequent, **full** and hard

16. Naja tripudians

Patients who require Naja are **extremely dyspnoeic**. They are unable to speak due to a choking sensation. The pulse is **slow** and **irregular**. The larynx is sensitive to touch. The speech is inarticulate. There is a coldness

of the face. Facial expression is **haggard, sickly**. Tongue is coated white. Salivation is profuse.

Cough is hacking; voice becomes hoarse due to bouts of coughing. One may get severe oppression of the chest which becoming worse on lying on the left side.

Expectoration is thick, viscid and white. There is palpitation which is worse from exertion, motion, and on **lying on left side**.

Respiration is accelerated, gasping and panting; associated with cough aggravated by cold air. Respiration is difficult at night, on slightest exertion, during sleep and on lying on left side. They need a lot of fanning.

On Observation:

1. **Respiration accelerated, gasping and panting**
2. Head hot with coldness of extremities
3. Eyes sunken
4. Coldness of the face
5. Facial expression haggard
6. Choking as soon as he makes an attempt to go to sleep
7. Spasms of the esophagus
8. **Mucus from the larynx expectorated with difficulty**
9. **Perspiration of foot and hands on coughing**
10. Restlessness of legs

On Examination:

1. Pulse is irregular and slow or weak and almost imperceptible.

17. Opium

This remedy is indicated when there is a lack of vital reaction and the well chosen remedy does not have the desired effect. Breathing stops on going to sleep; must be shaken to start it again. Respiration is arrested during cough or during sleep.

Respiration is deep, difficult, intermittent, moaning, rattling, snoring; stertorous unequal breathing.

Cough, with dyspnoea and blue face; with bloody expectoration. Cough is worse by cold drinks, after midnight or during sleep after repose, or while swallowing, or when inspiring, and better by drinking water. Cough with profuse sweat on the whole body. There are **fits of suffocation on making an effort to cough**. Expectoration is bloody with frothy thick mucus.

Respiratory problem with great anguish and drowsiness. There is a troublesome hoarseness, as if caused by an accumulation of mucus in the trachea, with great dryness in mouth, and white tongue.

On Observation:

1. Bores head into the pillow
2. Perspiration of the scalp hot or cold
3. Eyes brilliant
4. **Eyes red discoloration**
5. Glassy appearance of eyes
6. Conjunctiva injected
7. **Eyelids half open**
8. Protrusion of eyeballs
9. Pupils dilated or contracted
10. **Wild look of the eyes**
11. Liquids come out of the nose on attempting to swallow
12. Nose pinched or pointed
13. **Jaw clenched**

14. Face bloated or sunken and wrinkled
15. Coldness of the face
16. Face discoloration bluish, pale or red
17. Facial expression besotted, confused, haggard or vacant
18. **Hot perspiration on face**
19. **Thick lips**
20. Bleeding from the tongue
21. Tongue discoloration black, bluish black, purplish black or brown
22. Frothing from the mouth
23. Mouth open
24. Protruding tongue
25. **Saliva bloody, frothy and thick**
26. **Speech thick and slurred**
27. Trembling of the tongue
28. **Grinding of teeth**
29. Swallowing difficult almost impossible
30. Throbbing pulsation of carotids
31. Severe constipation
32. Retention of urine
33. **Urine dark yellow, scanty and frothy**
34. Coldness of the hands and feet
35. **Nails blue**
36. Dryness of hands
37. Loosening of clothes ameliorates

On Examination:

1. Pulse frequent and small or frequent and intermittent or irregular and slow and it could be thready and weak
2. **Abdomen cold to touch**

3. Abdomen distended and tympanic note perceived on percussion

18. Phosphorus

Pulmonary oedema of Phosphorus usually develops quickly, usually after being exposed to **cold weather**. The person starts developing dry cough with little hoarseness of voice within a day.

The face looks flushed, wet; **lips are mildly cyanosed** and patient is extremely **worried and anxious**.

Respiration is severely affected. Along with the difficult respiration there is epistaxis. **Difficult respiration is aggravated by lying on back and on left side**; amel. sitting erect. Patients feel that they cannot get enough air. The suprasternal notch becomes very prominent. There is flapping of alae nasi. **Hands are shaking, facial muscles are twitching**.

Cough is irritating and tormenting which is often accompanied by feeling of rawness and burning in the chest. Tongue is dry and red; later on it is whitish yellow. The patient is in general intensely thirsty for cold drinks. **The mouth is dry; they usually crave for aerated water or cold juice**. Patient wants to be propped up and they want the head to be thrown back so that they can breathe comfortably. They are extremely chilly; any draft of cold air may excite the cough.

The sputum is usually bloody, copious, frothy, lumpy and rusty.

Emotionally they want company and are scared of being left alone. They are peaceful if someone gives them company, sympathy and warmth.

On Observation:

1. Eyelids half open
2. Pupils are dilated and insensible to light
3. Lips cyanosed
4. **Boring of the nose with the finger**

5. Dilated nostrils
6. **Drooping of jaw**
7. **Face is bloated and red, glowing red cheek**
8. Facial expression is distressed, haggard and pinched

On Examination:

1. Pulse is **frequent, full** and irregular.

19. Veratrum album

Veratrum-album is extremely useful for pulmonary oedema when there is a **low blood pressure, syncope, cold sweats, cramps, slow pulse** are associated with the disease.

The face is pale or bluish, eyes are sunken. There is twitching or jerking of facial muscles. The surface of the body is cold to touch. There is cold perspiration on forehead. The skin is bluish. **The skin of palm is wrinkled.** The hands and nails are blue. **Tongue is cold, so is the breath.** The picture is a combination of collapse, inaudible voice, and thready pulse and there is watery saliva dribbling from the mouth.

The nose becomes blocked in the night especially one nostril. The cough is loose and rattling. **The patient is too weak to bring up the sputum.** There are bouts of coughing followed by cold perspiration. **The cough is worse in a warm room.** There is respiratory distress which is better by bending the head backward.

Respiration is frequent and arrested while coughing. Slightest exertion makes the person go out of breath.

On Observation:

1. Head congested
2. Eyes sunken

3. Eye discoloration red
4. Pupils are dilated
5. Face pale or bluish, bloated, swollen
6. Jaws are drooping
7. **Tongue red streak down the centre or could be white or yellow**
8. Expression haggard
9. **Speech thick**
10. Voice inaudible
11. Profuse salivation from the mouth
12. **Coldness of hands and feet**
13. Skin is covered with perspiration
14. **Perspiration cold and clammy**
15. **Very thirsty**
16. Muttering delirium
17. Cyanosis

On Examination:

1. Pulse is irregular or thready

31. Vipera berus

Vipera is indicated in pulmonary oedema when there is excessive congestion in the cardiovascular system leading to congestive cardiac failure.

Panting respiration. Cough is worse when lying down.

There is suppression of urine, constriction of throat. Swallowing is impossible, speech is difficult and thick. **Facial expression is anxious, jaws are clenched and eyes are sunken.** The person is anxious and restless. There is oedema on dependent part.

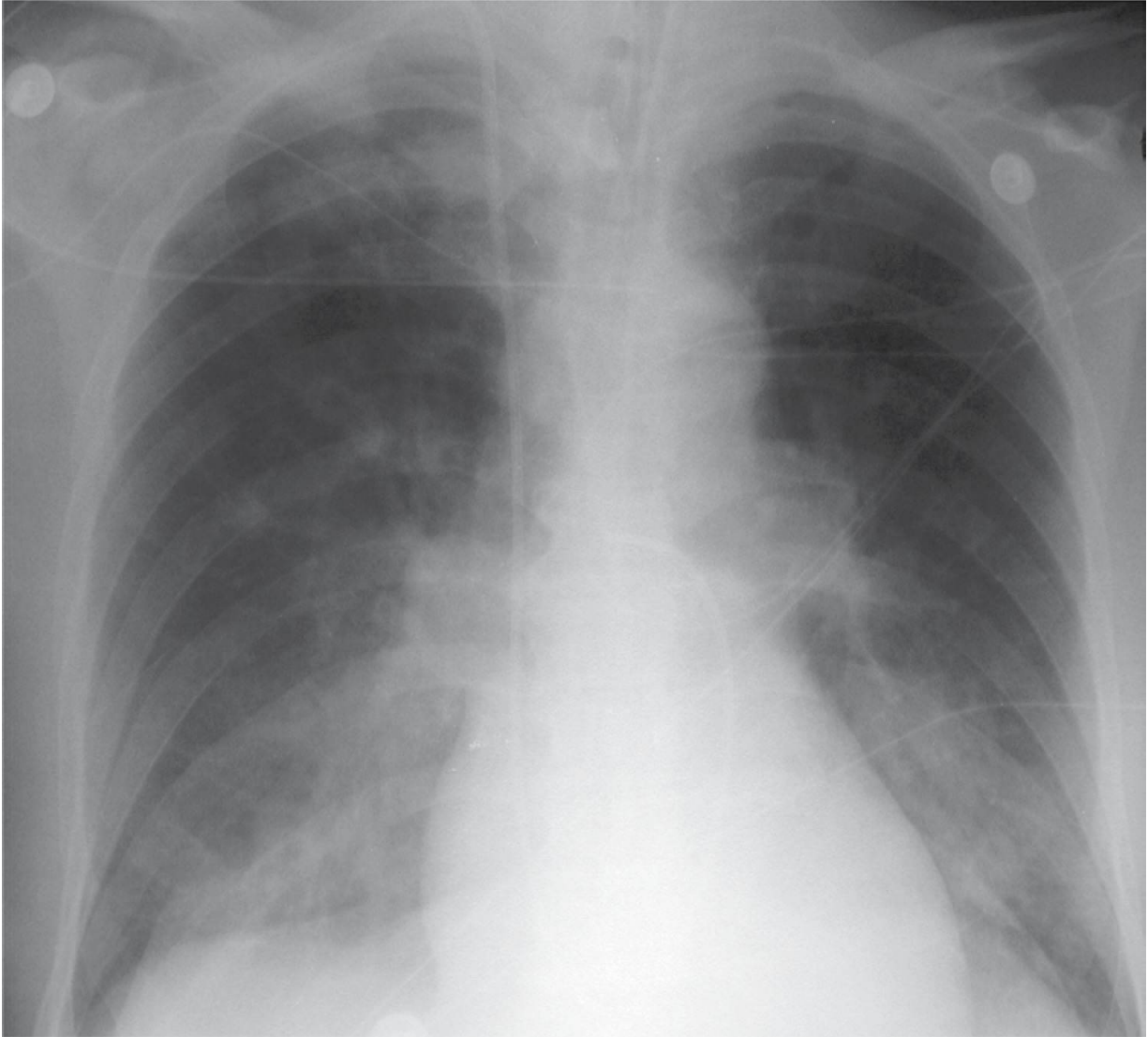
X-ray chest may show pulmonary oedema and **cardiomegaly**.

On Observation:

1. **Speech thick**
2. Eyes are sunken
3. Face blue
4. Lips swollen
5. Jaws clenched
6. Facial expression is anxious
7. **Restlessness**
8. **Cyanosis**

On Examination:

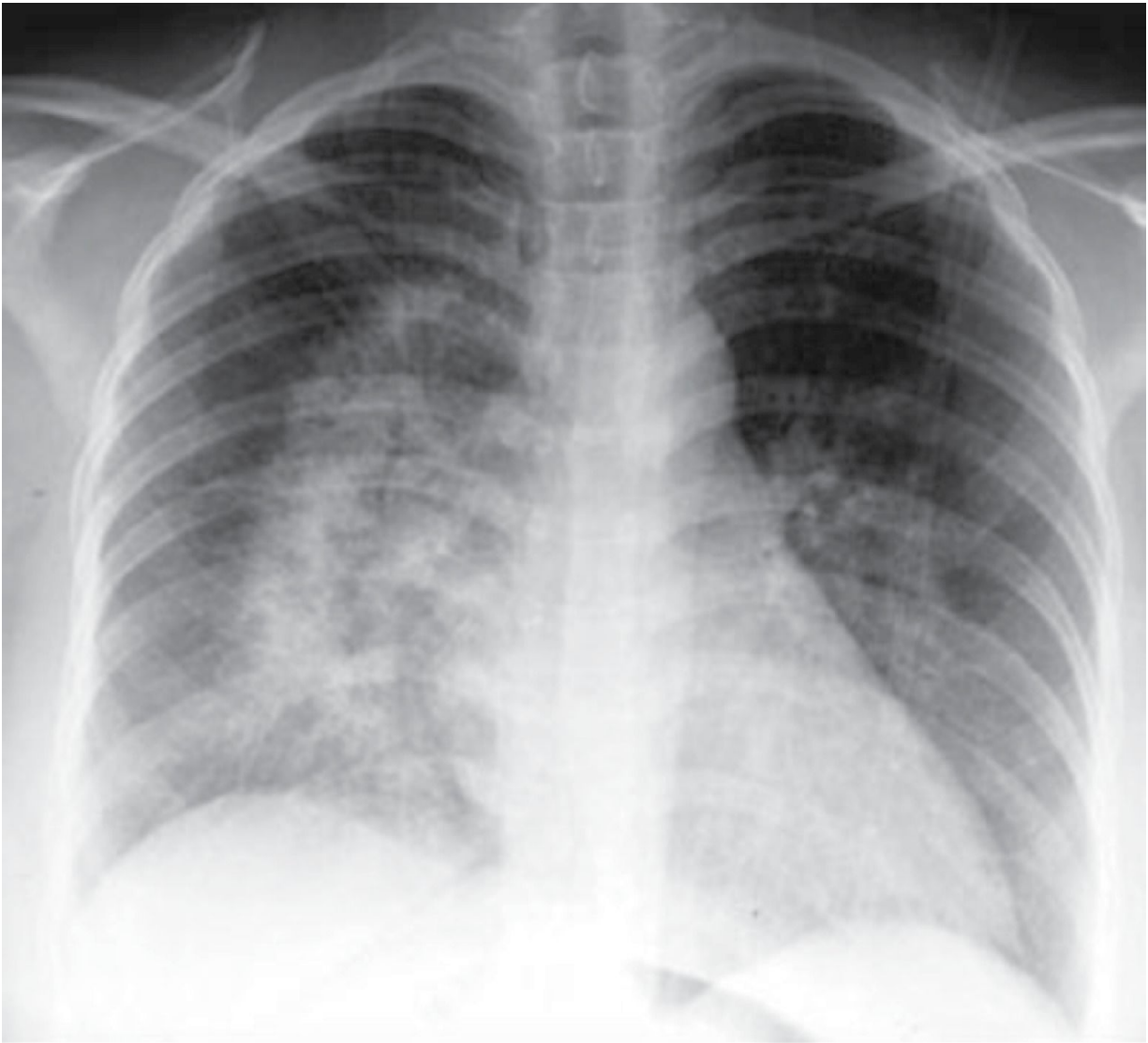
1. The pulse is **slow, small, soft** and weak.



Lachesis muta

1. Male patient
2. Pulmonary oedema due to renal failure because of fluid overload
3. Complaining of inability to lie down flat with breathlessness
4. Pale skin
5. Excessive sweating with anxiety
6. Increased jugular venous pressure
7. Respiration deep or impossible

8. Respiration difficult which is better by bending forward
9. Respiration difficult worse on touching the larynx or throat



Phosphorus

1. Male patient
2. Pulmonary oedema due to left ventricular failure
3. Respiration difficult worse by talking and lying
4. Respiration difficult better by loosening the clothes
5. Wants no covering around the nose and mouth

6. Signs of congestive heart failure
7. Suffocative cough
8. Loose cough due to irritation in the respiratory passage

ACUTE RESPIRATORY DISTRESS SYNDROME

Acute respiratory distress syndrome (ARDS) is a form of acute lung injury resulting in extensive bilateral pulmonary infiltrates, severe refractory arterial hypoxemia and stiff lungs. It is a disease with high mortality.

Causative Factors

The following are most common causes:

1. Infections: Bacterial sepsis, Pneumonia
2. Pancreatitis
3. Burns
4. Gastric aspiration
5. Bilateral lung contusion.

Uncommon causes are as follows:

1. Multiple blood transfusion
2. Inhalational injuries from ammonia, chlorine, nitrogen dioxide, smoke, sulphur dioxide.
3. Cardiopulmonary bypass
4. Fat embolism
5. Raised intracranial pressure
6. Tuberculosis
7. Falciparum malaria.
8. Drugs like thiazides, barbiturates, narcotics, lidocaine, and phenytoin.

Clinical Signs and Symptoms

Along with the clinical signs and symptoms of the underlying condition, the patient will have

1. Crepitations
2. Cyanosis
3. Disorientation and agitation usually 24-72 hours of the precipitating event.
4. Dry cough
5. Dyspnoea
6. Rhonchi
7. Tachycardia
8. Tachypnoea

Investigations

1. Arterial blood gas analysis: If the patient is breathing spontaneously it will reveal severe refractory hypoxemia, hypocapnia and alkalosis.
2. X-ray chest: The changes appear on X-ray about 12 hours after the clinical onset of respiratory failure. Initially there are patchy, ill-defined opacities apparent throughout the lungs. These then rapidly coalesce and massive air-space consolidation becomes evident. After about a week the pattern becomes “bubbly” suggesting diffuse interstitial and air space fibrosis.
3. CT scan: It may reveal diffusely distributed non-uniform ground glass opacification or consolidation. As the disease progresses there is decrease in the overall lung density and the appearance of an interstitial reticular pattern. Complications of ARDS such as pneumothorax, pneumo-mediastinum and interstitial emphysema may also be evident.
4. Swan-Ganz catheterization: The pulmonary capillary wedge pressure (PCWP) is less than 18mmHg and the cardiac index is more than 2.1L/min.

5. Bronchoalveolar lavage: This is used to exclude infectious causes of ARDS. There is increased number of poly-morphonuclear leucocytes.

Differential Diagnosis

The following are some conditions that resemble ARDS:

1. Hemodynamic pulmonary oedema: This condition can be differentiated from ARDS by an elevated PCWP (normal 18mmHg). Once PCWP is brought to normal, the infiltrates clear completely.
2. Diffuse alveolar hemorrhage: Initial stage of this condition may resemble ARDS and is characterized by fall in the hematocrit, presence of hemoptysis, and frothy red fluid on bronchoscopy.
3. Metastatic malignancy: When malignancy presents as ARDS it is uniformly fatal.

Treatment

Sharp clinical acumen is necessary to diagnose ARDS early so as to facilitate administration of specific treatment.

1. Pulmonary and systemic arterial lines should be inserted for hemodynamic monitoring and rational fluid replacement therapy.
2. Monitoring of Arterial oxygen gas saturation and ABG analysis must be done.
3. Adequate nutrition must be ensured.
4. In anemic patients transfusion of packed red cells must be considered, as this would improve oxygenation.
5. Ventilatory support should be provided.
6. Corticosteroids have no role in treatment of ARDS except in special cases where the patient has very high number of eosinophils in blood and lungs.
7. Properly selected homoeopathic remedy will help if the patient is not so serious and comes to us in early stage.

Homoeopathic Treatment

1. Antimonium arsenicosum

The key symptom to identifying this remedy is **excessive dyspnoea worse from eating and lying down.**

There is presence of a rattling spasmodic cough. The expectoration is **profuse, serous, frothy, and watery.** Respiratory failure is due to chronic obstructive lung disease.

X-ray chest shows **pleural effusion**, haziness of the lungs.

2D Echo shows pericardial effusion.

On Observation:

1. Respiration rattling, panting or whistling
2. Excessive anxiety
3. Restlessness
4. Face swollen

On Examination:

1. Pulse is weak or almost **imperceptible.**
2. **Blood pressure is increased.**
3. On chest auscultation, loud moist rales in the chest

2. Antimonium tartaricum

This remedy is useful for exhausted, hopeless and depressed patients. It is used frequently in majority of the cases when symptoms are indicated, but never to be given randomly as it may then spoil the case and patient may even die.

Cough; before **midnight**; when angry; after **eating**, with vomiting of food and mucus; with sneezing; painful; dry; dry and short; with difficult expectoration. **Attack comes usually at or after midnight. When patient coughs there appears to be a large collection of mucus in the bronchi, and it seems as if much would be expectorated but nothing comes up.** After lots of coughing tough, frothy and sweet mucus is expectorated. Speech is weak and slow.

The suffocation necessitates the person to sit up or bend forward the whole night, the person is physically too weak to cough or expectorate which leads to severe oppressed breathing and later cyanosis.

The respiration is slow and laboured and later on completely arrested. Breathing is hindered by swelling of pharynx and accumulation of tough mucus, with mild delirium.

In many cases I have seen that the heart's action is slowly enfeebled. Antimonium tart. patients have a greater tendency towards cyanosis than Arsenicum alb. This may involve the whole of the extremities or it may be confined to the nails.

They are not thirsty and drinking seems to increase the patient's distress.

Many patients are very much aggravated by heat, especially by a stuffy room; they do not like a stream of air circulating round them. They want the room fresh, but they like the air to be still.

Accompanying this respiratory distress there is heat and moisture of the hands and perspiration on the head, chiefly on the forehead.

On Observation:

1. Respiration accelerated
2. **Jerking of the head**
3. Cold perspiration of forehead

4. Desire to close his eyes
5. Eyes half open
6. Dilated nostrils
7. Wing like motion of nostrils
8. **Nose pinched or pointed, sunken**
9. Cracked lips
10. Face bloated
11. **Discoloration of lips: pale, red or blue**
12. Facial expression pinched, suffering
13. Prominent linea nasalis
14. Twitching of the face during cough
15. **Cold perspiration of the face**
16. Tongue pale, brown, red tip, yellow or white
17. Skin goose flesh

On Examination:

1. On chest auscultation fine rhonchi
2. Throat constriction
3. Painful tenderness of the larynx when touched.

3. Arsenicum album

There is great prostration, with rapid sinking of the vital forces. Arsenicum album patient is **anxious, fearful, restless and full of anguish**. The greater the suffering the greater the anguish. **Mentally restless, but physically too weak to move; cannot rest in any place; changing places continually; wants to be moved from one bed to another. Anxious fear of death; thinks it useless to take medicine, is incurable, is surely going to die.**

The surface of the body is cold, and is relieved by warmth. There is continuous thirst for a little water at a time. The picture presented by

the Arsenicum patient is very typical. In the earlier stages of respiratory distress you will see the person constantly tossing about, never still for a moment, and as the distress goes on he gets weaker and weaker until he is hardly able to move.

The appearance of this person is somewhat suggestive; as a rule they are **pale**, and rather **livid** looking, or they may be somewhat **cyanotic**, and the surface is covered with a **cold, clammy, sweat**. The lips are usually **cyanotic**; they may be rather swollen, but very often you will see them looking rather **shrunken, shriveled looking, and actually bluish**.

The person is intensely **chilly**. Very often there is almost a rigor; the patients keep shivering with cold, they want to be covered up, and they cannot bear any draft of air about them.

They are always **intensely thirsty**, their mouths are parched and dry, and there is a constant desire for sips of water. The strange thing is that, in spite of their general chilliness, they want their water as cold as they can get it.

The characteristic thing about the tongue in the Arsenicum case is its dryness. It may be red, or it may be brown, but it is always dry, dry to the touch, and the patient often complains of the mouth feeling burning hot.

The voice is **rough, unequal, hoarse and trembling**. There is a presence of tenacious mucus in the larynx which is difficult to detach which leads to severe **rattling** cough, sometimes deep, fatiguing, and worse in the evening after lying down, or at night, obliging the **patient to assume an erect posture**. Also after drinking; on being in the fresh and cool air, during movement, or during expiration, and often with difficulty of respiration, **there is arrest of breathing with every bout of cough**.

The expectoration is scanty and frothy.

The attack of respiratory distress chiefly occurs in the **evening in bed, or at night, when lying down**; also in windy weather, in the fresh and cold air, or in the heat of a room, or when warmly clothed, fatigue, emotional excitement, on walking, on moving, and even on laughing.

There is violent throbbing of the heart, chiefly when lying on the back and at night. Irregular beating of the heart, sometimes with **anguish**.

On Observation:

1. Respiration accelerated
2. Constant motion of the head
3. Enlarged veins of the eyes
4. Glassy appearance of the eyes
5. Pupils contracted
6. **Coldness of the nose**
7. Dilated nostrils
8. Epistaxis
9. Nose pointed or knobby
10. **Face bloated**
11. Face lead colored, pale, sickly
12. Drooping of the jaw
13. **Facial expression anxious, confused, distressed and old looking**
14. Perspiration of the face
15. Wrinkled forehead
16. Bleeding gums
17. Tongue cracked, white, black or bluish
18. **Offensive odor from the mouth**
19. Cachexia
20. Restlessness, keeps changing his position

On Examination:

1. The cervical lymph nodes are enlarged.
2. The pulse is feeble, imperceptible, slow, small and sometimes thready.

4. Bromium

Bromium is useful in respiratory distress in obese **warm blooded people** due to infection. The person develops a dry, barking, rough, spasmodic, wheezing cough from tickling in the larynx accompanied by hoarseness of voice and rattling breathing worse in the evening. The episode is **temporarily relieved by warm drinks.**

The cough leads to respiratory arrest characterized by catching or gasping for breath. Respiration arrested during cough, and rough like a saw. Respiration is stertorous during sleep. **Sensation as if the air passages were full of smoke.** The **right lung** is mostly affected.

Expectoration is scanty and purulent.

On Observation:

1. Respiration gasping and panting
2. Perspiration forehead
3. Photophobia
4. **Wrinkled conjunctiva**
5. Fan like motion of nostrils
6. **Face pale, red or earthy**
7. Facial expression old looking
8. Face sunken
9. Wrinkled forehead
10. Saliva frothy
11. Frothy mucus from the throat
12. Biting nails
13. Cannot bear to be looked at
14. Emaciation

On Examination:

1. Elongated uvula
2. Induration of glands
3. **Coldness of nose**
4. **Cold tips of the fingers.**
5. Pulse frequent

5. Camphora officinalis

Camphora is useful in people who are **physically and mentally weak**. They are extremely sensitive to cold air. The body is cold to touch yet they cannot bear to be covered. The surface of their body is cold; face pale, blue, lips livid; profound with prostration.

Voice **husky**, weak; mucus in air passages, not removed by hacking;

Breathing anxious, oppressed, sighing, quiet, deep, slow, snoring or almost completely arrested. Dyspnoea **worse from slightest physical exertion**.

Cough is fatiguing, hacking, dry and short which is worse on every inspiration and after exertion.

Suffocating oppression of the chest, and constriction of the larynx, as if from the vapours of sulphur. **Excessive accumulation of mucus in the respiratory organs, with danger of suffocation**. Respiration accelerated, **loud, irregular, panting, rattling, slow stertorous** and wheezing aggravated by inspiration and during sleep. During respiratory distress the patient is icy cold to touch although he may complain of internal heat. Respiratory dyspnoea is worse after exertion or inspiration. The breath is hot.

X-ray chest may show evidence of pneumonia or bronchitis.

ECG may show ST-T changes, valvular heart disease.

On Observation:

1. Respiration panting, rattling or stertorous
2. Skin is dry
3. Distension of the veins on the head
4. Face bloated
5. Face discoloration dark, bluish or pale
6. **Facial expression haggard and pinched**
7. Face sunken
8. Eyes dull and injected
9. Eyes glassy appearance
10. Pupils contracted
11. Eyes sunken
12. Nose pointed
13. **Tongue yellow, black or dirty**
14. Tongue cracked and fissured
15. **Offensive odor from the mouth**
16. Profuse salivation
17. **Clenching of teeth**
18. Hands pale
19. Perspiration feet and hands
20. Perspiration cold, clammy and profuse especially during sleep
21. Speech is incoherent
22. **Thirst for large quantity**
23. Retention of urine
24. Suppression of urine
25. Dark yellow urine
26. Dropsy on dependant parts

On Examination:

1. **Cold perspiration on the forehead and the face**
2. Abdomen ascites
3. Upper abdomen hard to touch
4. Liver and spleen enlarged
5. **Pulse weak and almost imperceptible or slow, small and thready**

6. Chlorum

The key symptom to take note of is the difficult or impossible expiration but not so difficult inspiration.

There is presence of **constriction**, with **suffocation**, sudden **dyspnoea** from spasm of vocal cords, accompanied by **staring protruding eyes, blue face, cold sweat, and small pulse**.

Great difficulty in articulating or breathing. Air enters easily, but cannot be expelled. **Sudden tightness of chest**. Any attempt to cough leads to severe spasm of the glottis.

Short, dry, constant cough. **At each cough a spot in chest (region of right bronchus) feels sore, as if the cough jarred and hurt it**. Expectoration raised with difficulty; only after long and fatiguing efforts, soon after that secretion again collects; no relief from expectoration, chest seems to fill again at once. Thick, white, frothy mucus.

Sensation of warmth in respiratory organs. Perspiration is profuse and cold.

On Observation:

1. Respiration gasping, irregular, panting and rattling
2. **Perspiration on the forehead during cough**
3. Glassy appearance of the eyes

4. Pupils contracted
5. Eyes sunken
6. Face bloated
7. Lips brown
8. Face gray, pale, **hippocratic** or sunken
9. Tongue black or brown
10. **Putrid odor from the mouth**
11. Oedema of the glottis

On Examination:

1. Pulse **bounding**, intermittent, irregular, soft or weak

7. Cuprum metallicum

Mental and physical exhaustion from over-exertion of mind and loss of sleep and fright are some of the important causes that invite attacks of acute respiratory distress syndrome. The attacks are always accompanied by attacks of unconquerable anxiety.

Long, paroxysmal or uninterrupted cough which is worse between 11 p.m. to 1 a.m. or 3 a.m. after slightest cold, deep inspiration or any act of swallowing. Gurgling sound in the cough. Trembling after coughing. There is severe suffocation after mid night or after coughing. Cough with expectoration of whitish mucus, during fits of spasmodic asthma.

Respiration accelerated, rattling, moaning, with convulsive movements of the abdominal muscles. **Dyspnoea & uneasiness in epigastrium. Dyspnoea, can't bear anything near mouth;** aggravated on coughing, laughing, bending backwards and by walking quickly. The more pronounced the dyspnoea the more tightly the thumbs are clenched and the fingers cramped. While giving symptoms the person talks like one out of breathe which is aggravated on motion and better by lying down. Patient feels constriction in the region of xiphysternum.

There is severe apnoea, marked oppression of breathing, patient is unable to speak or swallow even a few drops of water. **Great prostration. Cold clammy sweat.**

On Observation:

1. **Respiration gasping, panting or jerking**
2. Slow inspiration
3. Distortion of head
4. Unable to hold the head
5. Motion of the head
6. Rolling of eyeball
7. Pupils dilated and sluggish
8. Eyelid may show snapping movement
9. Eyeballs turn upward
10. Dilated nostrils
11. Pointed nose
12. Sinuses of face
13. Face bloated
14. Reddish patches on the face
15. Clenched jaw
16. **Icy coldness of lips**
17. **Bluish discoloration of lips**
18. Cracked lips
19. Facial expression hippocratic, haggard, pinched, suffering or sunken
20. Tongue brownish, gray or yellowish white
21. Speech impaired
22. **Patient takes long pause before replying**
23. Hoarse voice
24. **Thirst for cold water**
25. Gurgling in esophagus after coughing or on swallowing

26. **Swallowing noisy, impossible for solids**
27. Jerking of the limbs
28. Flexion of thumb into the palms

On Examination:

1. Pulse **weak, soft or small**

8. Digitalis purpurea

This remedy is a heart stimulant and is indicated when the heart gets affected as a result of acute respiratory distress syndrome. **There is a history of abuse of tobacco.**

The pulse is **slow or irregular and intermittent**, when the least movement produces a **violent palpitation** of the heart. There is often a **feeling of exhaustion and faintness, extreme prostration and a sensation as though he was dying.**

At times there is a sensation as if the heart would stop beating if he moved; with this there is a feeling of anxiety and oppression about the heart.

There may be **cyanosis**; this may be partial, as about the mouth; it may be more general or noticed only on some exertion, and is often attended with a **cold, clammy sweat**. There is frequently a **desire to take a deep breath, which partially relieves the sensation of suffocation.**

Hollow, spasmodic cough, from roughness and scraping in the throat; much phlegm in the larynx, which is detached by a slight cough.

Dry cough, with pains in the shoulders and arms worse after a meal, with vomiting of food. Cough worse at **midnight** and during the morning hours, **talking**, walking, and drinking anything cold; when **bending the body forward**, eating or after eating. Cough, with expectoration of matter resembling starch.

Expectoration **bloody, black or bloody dark** and copious in the morning. Smarting in the chest on coughing. Troublesome choking sensation with cough; mostly at night, and on physical exertion. **Respiration arrested which is worse during sleep or while going to sleep and while talking.**

X-ray chest shows pulmonary oedema.

On Observation:

1. **Gasping respiration during sleep**
2. Respiration panting
3. Restlessness
4. Death presentiment
5. Bores his head into pillow
6. **Cold perspiration on the head**
7. Veins of the sclera enlarged
8. Pupils insensible to light, irregular, sluggish
9. **Face bloated**
10. Lips are pale
11. Facial expression pinched and sickly
12. Face sunken
13. Veins of forehead distended
14. **Tongue clean, bluish or black**
15. Saliva frothy

On Examination:

1. Pulse slow, small, soft and slower than the heart beats

9. Hydrocyanicum acidum

The appearance becomes **cyanotic** and **cold**. **The tetanic grin should always draw our attention to this remedy.** The patient's **jaws are firmly fixed**. He lies on bed with head fixed and thrown backwards and legs fixed and rigid. **The abdominal muscles are so firmly contracted so as to resemble a piece of hard board.**

Cough is dry, paroxysmal, spasmodic, and suffocative, aggravated at **night**. Cough excited by a pricking sensation which begins in larynx and extending to trachea, followed by dryness of mouth and larynx.

Expectoration bloody, mucus and yellow and leave the **patient in an extremely prostrated and exhausted condition.**

Respiration is difficult, frequent, groaning, profound, rattling, slow and stertorous, with mucous rale. The patient is afraid to fall asleep or even close his eyes for fear of the attacks coming on. The patient wants to breathe deeply. **The most prominent symptom here is a great sinking sensation at the epigastrium.** It is described more as an anguish felt at the pit of the stomach.

Paralysis of the lungs. **Clutches at the heart as if in distress.** Heart failure; compression at heart. Pulse is failing, unequal, & has occasional strong beats. Occasionally he may utter a groan or a sigh, and he presses his hand forcibly over the region of his heart, as if he has suffering pain there.

On Observation:

1. **Respiration accelerated, gasping, rattling and stertorous**
2. Convulsive gestures
3. **Involuntary movement of hands**
4. Speech incoherent
5. **Head drawn sidewise upon shoulder**
6. Marked cyanosis
7. Loud voice
8. Eyes glassy appearance
9. **Eyelids half open**

10. Eyes staring
11. Face bloated
12. **Clenched jaw**
13. Coldness of the face
14. Face discoloration bluish, cyanotic or pale
15. Face perspiration
16. Face sunken
17. Froth from the mouth
18. Protruding tongue
19. **Clenching of teeth together**
20. Swallowing impossible
21. Gurgling sound in throat while drinking
22. Blood vessels of neck distended
23. **Eating or drinking is always noisy**
24. Involuntary stool and urine
25. **Associated renal failure**
26. Urine sediment thick
27. Urine color light yellow

On Examination:

1. Coldness of hands and fingers
2. Pulse irregular, **slow, weak or soft**

10. Ipecacuanha

This remedy should be studied in cases that are characterized by **persistent nausea**, with profuse saliva, a clean or slightly coated tongue, and vomiting that brings no relief. The mouth is **moist**, and the face is **pale**.

Cough especially at night, on walking in cold air; on retiring; in morning and evening; **on taking a deep breath.** Cough is accompanied with loathing, retching, and vomiting. **The cough causes vomiting without nausea.** He has to catch his breath while coughing, with a feeling of suffocation. During the attacks the person becomes quite stiff, with a blue face.

It is also useful in cough which resembles whooping-cough, with bleeding from the nose and mouth, and vomiting of food. **Cough, with spitting of blood, provoked by the least effort.**

Rattling noise in the bronchial tubes when drawing breath. Cough as from vapour of sulphur, with expectoration of blood with mucus in the morning. Quick, anxious and short respiration. The breath smells fetid. Suffocative attacks in the room; ameliorated in the open air. **Loss of breath on slightest movement.**

In respiratory distress of Ipecacuanha there is usually an adamant, strong gastric component like **nausea, vomiting and retching.** He gets bouts of violent dyspnoea accompanied by coughing and epistaxis. The dyspnoea is worse by exertion, motion, walking and lying down and better in open air and by sitting erect.

There is characteristic cough which is worse in open air, exertion, lying on sides or back, eating fatty food and better by warm application. The cough is usually aggravated in a stuffy room. Expectoration is bloody, difficult and frothy.

There may be a past history of **tuberculosis,** epistaxis, bronchopneumonia, pneumonia.

X-ray chest shows pulmonary oedema. It may also show evidences of pulmonary tuberculosis.

Bronchoscopy may show hemorrhages within the bronchus and a lot of secretion with excessive mucus.

On Observation:

1. Respiration moaning, rattling and stertorous
2. Respiration accelerated or arrested during cough
3. **Severe dyspnoea accompanied by vomiting and retching**
4. Pupils sluggish and contracted
5. Cold perspiration on the forehead while coughing
6. **Perspiration of the scalp while coughing**
7. Eyes red as if inflamed
8. Face blotted
9. Face discoloration pale or bluish while coughing
10. Expression: anxious
11. Excoriation of corner of mouth
12. Prominent linea nasalis
13. **Tongue discoloration white, thick white especially in the centre or brown**
14. Saliva frothy
15. Continuous gagging especially while coughing
16. **Extreme thirst or complete thirstless**
17. Abdomen distended
18. Urine brown or yellow

On Examination:

1. Pulse is small, **soft** and **weak**
2. On auscultation of abdomen lot of **rumbling** and **gurgling**

11. Laurocerasus

Clubbed fingers, bluish red complexion accompanied with bluish discoloration of the lips is the triad of Laurocerasus. The typical breathing pattern is **sudden gasping for breath then 2 or 3 long breath then the**

breathing gets gradually shallow, then a pause followed by 2-3 gasps. This pattern keeps on repeating.

The dyspnoea becomes much more if the patient **sits upright**. The patient is always better in a semi-recumbent position. **Laurocerasus patients are highly prone to develop pneumonia due to respiratory distress.**

Hard, constant and rough cough which is always worse by lying down but sitting upright produces severe congestion of the chest and hence semi-recumbent is the best position.

Expectoration is bluish, bloody or purulent.

They are **extremely chilly** and they want themselves covered warmly.

On Observation:

1. **Respiration accelerated, gasping, loud and stertorous**
2. Eyelids half open
3. Pupils insensible to light
4. Perspiration on the nose
5. **Nose pointed**
6. Face bloated
7. Face discoloration blue
8. Clenched jaw
9. Expression sleepy
10. Face sunken
11. **Tongue dirty white**
12. Swallowing impossible
13. Noisy swallowing
14. **Excessive mucus in the larynx**
15. Neck pulsation
16. **Thirst for small quantity**

17. Scanty urine
18. Weak voice

On Examination:

1. **Cold perspiration on the forehead**
2. **Icy coldness of the nose**
3. Pulse full and irregular

12. Lobelia inflata

Observing the Lobelia patient one gets a feeling that they are seriously ill, they look **pale** and **sweaty**. There is severe **air hunger**, they want to be left quiet but they do not want to be left alone.

They always complain of **severe oppression of the chest**. There is severe dry, exhausting cough accompanied by nausea. Any motion aggravates the cough and nausea. **Nausea accompanied by salivation and it is better by drinking or eating.**

Respiration arrested during cough. Respiration gets difficult on slightest exertion and on lying down.

With respiratory distress of Lobelia inflata the patient may rarely develop irritation of the skin. **Tenderness of the sacral bone or discomfort of the sacral bone is a strong concomitant of Lobelia.**

On Observation:

1. Respiration accelerated
2. Cold perspiration on the face and forehead
3. **Coldness of teeth**
4. Coldness of the face
5. Tongue white

6. Viscid saliva
7. Disposition to hawk
8. **Oedema of the chest wall**

On Examination:

1. Pulse **fast** and thready or intermittent and **small** or frequent

13. Naja tripudians

Patients who require Naja are extremely **dyspnoeic**, they are **unable to speak**, if they speak they choke. There may be severe **hypo or hypertension due to respiratory insufficiency**. Patient feels constant distress at cardiac region which is better in the open air.

Respiration arrested, they want to be fanned vigorously to breathe comfortably. Lying down is impossible for them esp. on the left side; they feel better after lying on right side.

Cough is worse by slightest exertion or in the night.

Expectoration is dark, thick and viscid.

X-ray chest may show **hypertrophy of the heart**.

On Observation:

1. Respiration accelerated, gasping and panting
2. Head hot with coldness of extremities
3. Eyelids open
4. Pupils insensible to light
5. Pupils sluggish
6. Eyes sunken
7. Coldness of the face

8. **Facial expression haggard**
9. Tongue white coated
10. Foam and froth from the mouth
11. Saliva frothy
12. **Speech difficult due to choking**
13. **Choking as soon as he makes an attempt to go to sleep**
14. Spasms of the esophagus
15. Mucus from the larynx expectorated with difficulty
16. **Voice weak and hoarse**
17. **Perspiration of foot, perspiration on hands on coughing**
18. Restlessness of legs

On Examination:

1. Pulse slow, small, soft or **imperceptible**

14. Opium

Opium is useful for pneumonia in young people, infants and alcoholics. Spasms of the larynx causes cough. Cough is worse by cold drinks, after midnight or during sleep.

Expectoration is bloody and frothy. Voice becomes deep and hoarse.

Respiration is arrested during cough or during sleep. Respiration is moaning and stertorous. Cheyne-Stokes breathing.

On Observation:

1. Bleeding from the tongue
2. Bores head into the pillow
3. Coldness of the face
4. **Coldness of the hands and feet**

5. Conjunctiva injected
6. Dryness of hands
7. Eyelids half open
8. Eyes brilliant
9. Eyes red discoloration
10. Face bloated or sunken and wrinkled
11. Face discoloration bluish, pale or red
12. Facial expression besotted, confused, haggard or vacant
13. Froth from the mouth
14. Glassy appearance of eyes
15. **Grinding of teeth**
16. Hot perspiration on face
17. Jaw clenched
18. Liquids come out of the nose on attempting to swallow
19. Loosening of clothes ameliorates
20. Mouth open
21. Nails blue
22. Neck pulsation
23. **Nose pinched or pointed**
24. Perspiration of the scalp hot or cold
25. Protruding tongue
26. Protrusion of eyeballs
27. Pupils dilated or contracted
28. Retention of urine
29. Saliva bloody, frothy and thick
30. Severe constipation
31. **Speech thick and slurred**
32. Swallowing difficult almost impossible
33. Thick lips

34. **Tongue discoloration black, bluish black, purplish black or brown**
35. **Trembling of the tongue**
36. Urine dark yellow, scanty and frothy
37. Wild look of the eyes

On Examination:

1. Pulse frequent and small or frequent and intermittent or irregular and slow and sometimes it could be thready and weak
2. **Abdomen cold to touch**
3. Abdomen distended and tympanic

15. Sambucus nigra

Respiration arrested worse during sleep and cough. There is difficulty in respiration while sitting or sitting erect.

Barking, hard, rattling, constant and suffocative type of cough, worse midnight.

Cough day and night. **Expectoration is copious, mucus, tenacious.**

On Observation:

1. Blueness of finger nails
2. Cold perspiration on the face
3. **Coldness of hands during sleep**
4. Disposition to hawk
5. Eyelids half open
6. Face discoloration bluish or red
7. Face sunken
8. Mouth open accompanied by coughing

9. Mucus in larynx
10. **Nose snuffling**
11. **Perspiration on external throat**
12. Perspiration on scalp
13. Profuse salivation
14. Rattling in larynx
15. **Respiration accelerated, panting, rattling and stertorous**
16. Spasms of throat
17. Tongue white
18. Voice rough, toneless

On Examination:

1. **Respiration arrested due to severe congestion in the lungs**
2. Pulse frequent and full or frequent and small or weak

16. Senega

Senega is very useful remedy for respiratory distress in **neglected pneumonia**. Respiration becomes accelerated during anxiety; breathing gets difficult on ascending the stairs and on lying down; and better by breathing deep and by sitting erect.

Cough hard and constant; aggravated in open air, and on lying in bed.

Excessive catarrh of bronchial tubes in old people. Expectoration is ropy, stringy and yellow.

There may be strong family history of pulmonary tuberculosis.

X-ray chest may show evidence of pneumonia.

On Observation:

1. **Constant clearing of the larynx**
2. Constant disposition to swallow saliva
3. Ecchymoses of sclera
4. Eyes discoloration red
5. Face discoloration red
6. **Head congested during cough**
7. Offensive odor from the mouth
8. Pupils contracted and sluggish
9. Respiration accelerated or rattling
10. Saliva watery and viscid
11. Speech indistinct
12. Stertorous breathing
13. Tenacious mucus in the throat
14. **Tongue coated yellow**
15. Trembling of the body sleep during
16. Voice hoarse and rough

On Examination:

1. The pulse is irregular, small, weak and wiry.

17. Sulphuricum acidum

Respiration is rattling or panting.

Loose cough worse in the morning or in the cold air. **Rattling in the larynx and trachea.** Voice cracking, hollow, husky and weak.

Expectoration is bloody. Thick **dark hemorrhage** from the lungs.

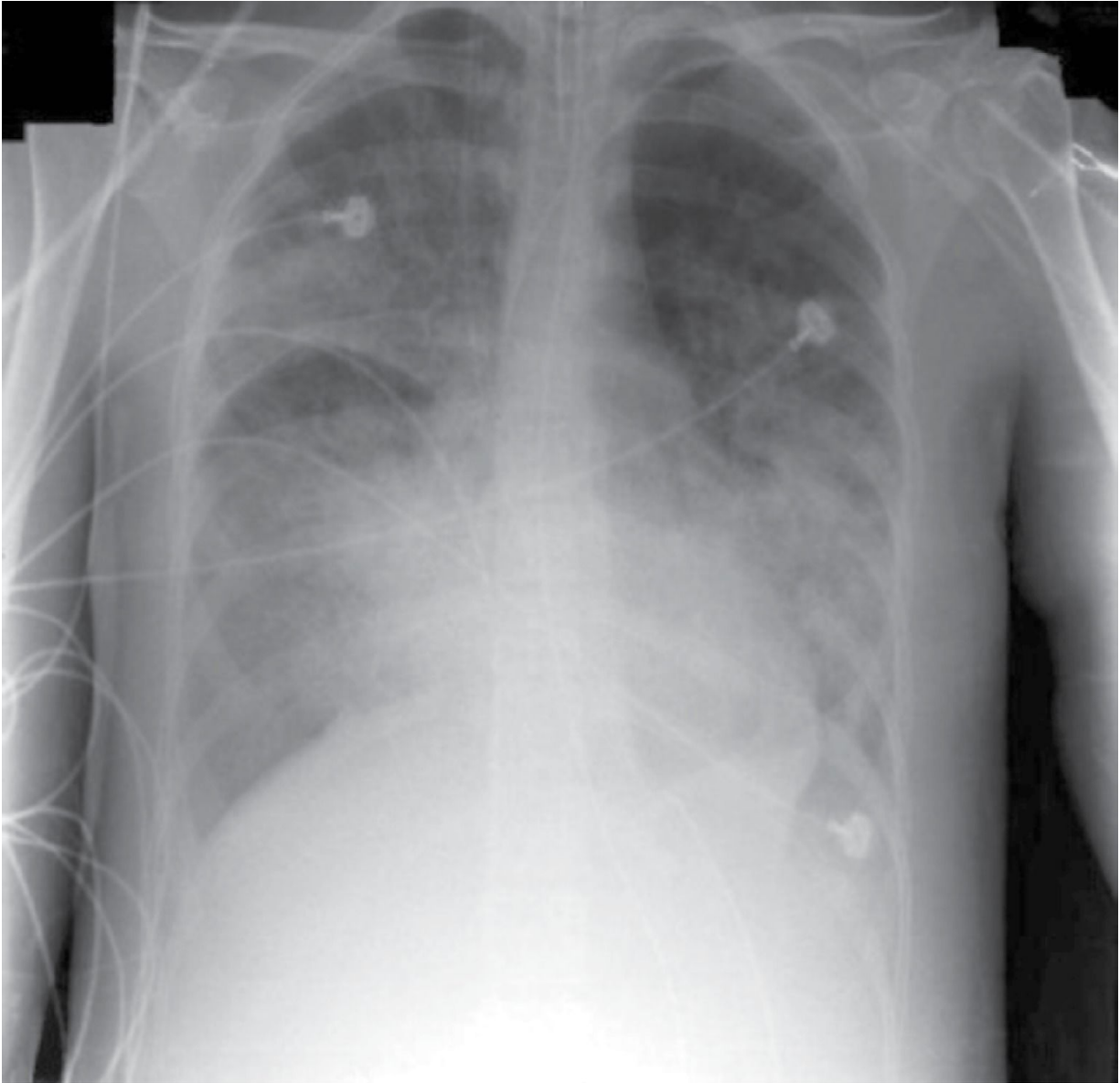
It is also useful in **neglected pneumonias.** There is tendency to hemorrhage from the different parts of the body.

On Observation:

1. Bleeding ulcers in the mouth
2. Chemosis conjunctiva
3. Choking in throat due to mucous in the mouth
4. Cold perspiration on the face
5. Cold perspiration on the forehead
6. **Epistaxis dark black**
7. Excoriation of mucous membrane of the mouth
8. Expression pinched, vacant or hippocratic
9. Face bloated
10. Face discoloration pale and red
11. Face sunken
12. **Food eaten drops in to the larynx**
13. Liquid taken are forced out in to the nose
14. **Aphthae of oral mucosa**
15. **Muttering during sleep**
16. **Offensive odor from the mouth**
17. Perspiration forehead while eating
18. **Perspiration on the face while eating**
19. **Profuse salivation during sleep**
20. Pupils contracted, sluggish
21. Pupils insensible to light
22. Swallowing difficult
23. Tongue discoloration milk white, pale or brown
24. **Trembling of the body during sleep**
25. Twitching of the muscles of the face
26. Unable to open the eyelids

On Examination:

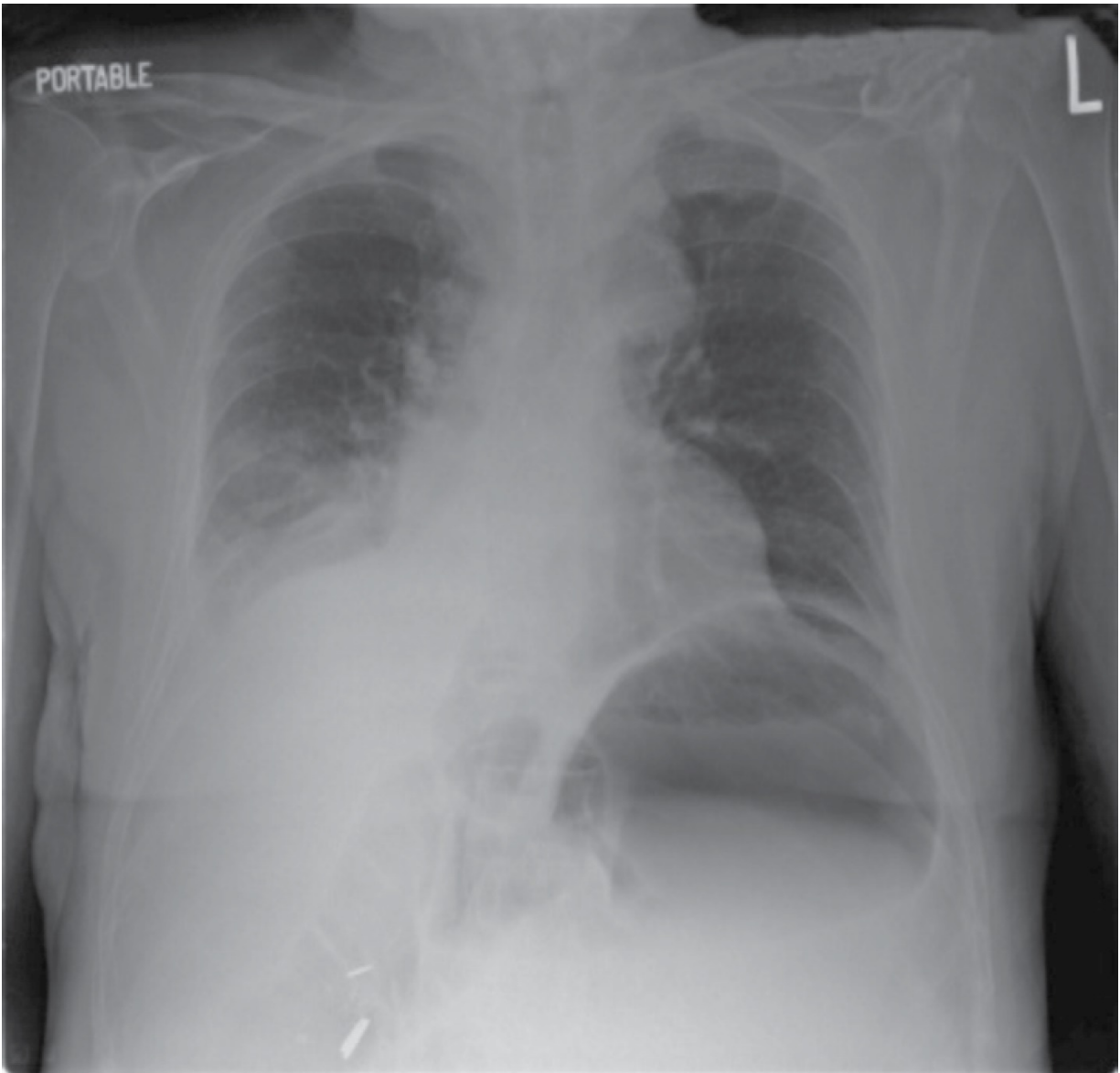
1. Pulse frequent, **full**, irregular or **large**



Antimonium tartaricum

1. Male patient
2. Suffering from gram negative septicemia
3. Complaining of difficult respiration worse lying down
4. Wants to be fanned
5. Rattling cough
6. Must sit up, lying down produces severe choking

7. Sleepiness



Ipecacuanha

1. An obese male; Hospitalized
2. Suffering from advanced chronic renal failure with renal acidosis and septicemia
3. Respiration difficult during cough with excessive mucus in the larynx and trachea which is worse on lying down
4. Constant nausea; vomits anything that he eats or drinks

5. Respiration rattling or slow
6. Vomiting ameliorates respiratory distress
7. Expectoration ameliorates respiratory distress
8. Cough short and paroxysmal

ACUTE SEVERE ASTHMA

Acute severe asthma or 'Status Asthmaticus' is a term used to describe a state where due to severe bronchial obstruction there is cardiopulmonary burden which worsens an acute episode of bronchial asthma leaving the patient in distress by severe breathlessness and other symptoms of asthma. In such cases an aggressive treatment is required as the response towards routine maintenance therapy is poor.

Causative Factors

1. The most common cause for such an attack in a stable asthmatic is the omission or inadequacy of maintenance drugs.
2. Severe emotional stress.
3. Infections like viral upper respiratory tract infections; bacterial pneumonias.
4. Change in weather or exposure to pollen, heavy pollution, smoke, dust, paint smell etc.
5. Tobacco smoking also passive exposure to smoke from others.

Clinical Signs and Symptoms.

1. Severe distress due to breathlessness, cough and wheezing.
2. Sensation of tightness in chest.
3. Inability to talk in complete sentences.
4. Unable to move out of the bed, unable to fall asleep.
5. Tachypnoea where the Respiratory rate is more than 25/min and tachycardia where pulse rate is more than 110/min.

6. Use of accessory muscles, intercostals muscle recession.
7. Extensive wheezing. In severe asthma, wheezing may be absent and breath sounds inaudible – silent chest.
8. Presence of pulsus paradoxus.
9. Patient may also present with a state of drowsiness, confusion, cyanosis and shock due to hypoxemia and hypercapnia.

The severity of the attack is assessed on the basis of the following: exercise intolerance, use of accessory muscles, wheezing, respiratory and pulse rate, lung function tests such as peak expiratory flow rate measurements.

Investigations

1. **PEFR:** Most patients with acute attack find it difficult to blow or have PEF less than 100 L/minute. PEF values less than 50% suggest severe obstruction.
2. **Chest X-ray:** to look for pneumonia and/or pneumothorax.
3. **Blood gas analysis:** Measurement of PaO₂, PaCO₂ and pH. Presence of hypoxemia indicates a very serious state. Acidosis (pH agg 7.38) and hypercapnia (PaCO₂ amel 40 mm Hg) indicate impending death. PaCO₂ is generally low during an acute attack. A rise in PaCO₂ to even normal level (40mm Hg) may indicate CO₂ retention.
4. **Other tests** such as total and differential leucocyte count, blood biochemistry; serum electrolytes and EKG are done to assess the effects of the acute attack.

Differential Diagnosis

1. Acute left heart failure.
2. Pulmonary embolism.
3. Acute upper airways obstruction.

4. Vocal cord dysfunction, presenting with severe laryngospasm or laryngotracheal hyperreactivity.
5. Hypersensitivity pneumonitis/extrinsic allergic alveolitis.

Treatment

Correction of hypoxemia and rapid reversal of airflow obstruction should be the immediate goal of treatment in these cases.

Following treatment is administered when the patient is hospitalised.

1. Oxygen in high concentration (35-40%) should be given to maintain a PaO₂ of over 80mm Hg.
2. The patient should be adequately hydrated either by oral or parenteral method.
3. Sedative and anxiolytic drugs should be avoided as it associated with increase mortality.
4. Specific treatment in such cases includes administration of IV corticosteroids like hydrocortisone and methylprednisolone will only suppress the disease and will allow the asthma to be more chronic later on developing into chronic obstructive pulmonary disease. Beta-2 agonists such as salbutamol or terbutaline are generally administered by nebulization they may be good to tide over acute crisis but it will slowly destroy the susceptibility of the patient hence homoeopathic drugs are the best choice.
5. Assisted ventilation may also be required during 1st few critical hours. Intermittent positive pressure ventilation is commonly employed.
6. Antibiotics are indicated many times but there is nothing like a good properly selected homoeopathic medicine to treat any secondary infection.

The treatment should continue till the person is almost 90 % better later a constitutional deep acting remedy should be selected to prevent the recurrence and build but the susceptibility. Physiotherapy to assist expectoration is very useful during this stage. The patient should be kept away from triggering agents.

Homoeopathic Treatment

1. Ammonium carbonicum

Ammonium carb. is usually adapted to **stout, plethoric** people but I have seen that it frequently benefits **lean, thin** constitutions. They are extremely chilly patients and are averse to expose themselves to cold open air.

Mentally they are **restless** and **lethargic**. Wet weather or stormy weather usually invites such respiratory disorders. During respiratory distress there are two strong concomitants which I look for '**oppressive fullness near the bridge of the nose as if everything inside would burst**' and the second is '**great burning is felt in the oesophagus as from alcohol.**'

Respiratory distress is worse during **sleep**; as soon as the person attempts to sleep respiratory distress occurs.

Dyspnoea is worse when ascending, cold air, falling sleep, motion and in warm room but better in open air. Patient is unable to put handkerchief or any covering on the mouth. Respiratory distress usually comes after midnight; it is accompanied by cough worse lying on bed.

Cough is tormenting which is worse after lying on bed. Expectoration is copious, viscid and white.

There may be past history of abuse of **quinine drugs, sedentary habits**, meningitis, cerebral atrophy, diphtheria, sinusitis, pharyngitis, tuberculosis, bronchiectasis, pleural effusion, bronchitis, pneumonia, epistaxis, goiter, hepatitis, osteoporosis, rheumatism or piles.

X-ray chest may show pulmonary oedema or emphysema.

On Observation:

1. Bleeding gums
2. Cold perspiration on forehead

3. **Expression haggard or suffering**
4. Face bloated
5. Face discoloration red or pale or dark
6. Feet sensitive to cold
7. **Offensive perspiration on feet**
8. Profuse salivation
9. Sand or gravel in the urine
10. **Severe obstruction of the nose, must breathe through mouth**
11. Stomatitis
12. **Thirst unquenchable**
13. Tongue brown or white
14. Wrinkled forehead

On Examination:

1. Cervical glands enlarged
2. Early **renal** and **cardiac failure** with respiratory distress
3. Liver hard
4. Pulse frequent, strong or small

2. Antimonium tartaricum

Respiration is difficult which is worse in the night especially after midnight, and on waking, **better by sitting erect and in open air or patient wants to be fanned.** Respiration is arrested from mucus in trachea, aggravated during cough or during sleep and **better by expectoration.**

Respiration asthmatic in the night, patient has to bend forward to get some relief. **There is gasping for breath during cough;** loud expiration. **Respiration is stertorous and rattling with coldness of lower extremities.**

Constant cough, worse from constriction in larynx, patient must sit up. There is great accumulation of mucus, with coarse rattling. **Cough accompanied by cold perspiration and sleepiness.**

On Observation:

1. Cold perspiration of forehead
2. Cold perspiration of the face
3. Cracked lips
4. **Desire to close his eyes**
5. Dilated nostrils
6. Discoloration of lips: pale, red or blue
7. **Eyes half open**
8. Face bloated
9. **Facial expression pinched, suffering**
10. Jerking of the head
11. Nose pinched or pointed, sunken
12. **Prominent linea nasalis**
13. Respiration accelerated
14. Skin shows goose flesh
15. Tongue pale, brown, red tip, yellow or white
16. **Twitching of the face during cough**
17. Wing like motion of nostrils

On Examination:

1. On chest auscultation fine rhonchi
2. Throat constriction

3. Arsenicum album

This is a useful remedy for asthmatic attacks. Arsenic patients are **quiet, alert but restless and anxious**. They constantly **desire death or presentiment of death**.

Respiration asthmatic accompanied by thirst, worse midnight, must jump out of the bed. **Asthma is alternating with eczema**. It is also useful for asthma in old people. **Patient may faint with the asthmatic attack**.

Ailments after taking a cold; and entering cold air from a warm room.

Respiration difficult which is worse by cold food; exertion; and better by sitting erect; warm application or open air.

Cough is **loose** worse by cold; midnight; lying down and better by sitting in erect position or warm drinks.

Expectoration is frothy, bloody and copious.

They are unable to blow to measure the peak expiratory flow or they have less than 100 L/min.

On Observation:

1. Bleeding gums
2. Cachexia
3. **Coldness of the nose**
4. Constant motion of the head
5. Dilated nostrils
6. Drooping of the jaw
7. Enlarged veins of the eyes
8. Epistaxis
9. Face bloated
10. Face lead colored, pale, sickly
11. **Facial expression anxious, confused, distressed and old looking**
12. Glassy appearance of the eyes

13. **Offensive odor from the mouth**
14. Nose pointed or knobby
15. Perspiration of the face
16. Pupils contracted
17. Respiration accelerated
18. Restlessness, keeps changing his position
19. **Tongue cracked, white, black or bluish**
20. Wrinkled forehead

On Examination:

1. The cervical lymph nodes are enlarged.
2. The pulse is **feeble, imperceptible**, slow, small and sometimes thready.

4. Carbo vegetabilis

Carbo vegetabilis is useful remedy for asthma in old people. Carbo vegetabilis patients can be distinguished from a distance by looking at the **pinched appearance of the face. Flapping of the alae nasi; bluish discoloration of the face, there is not much cyanosis.** Extremities are cold, icy cold or pale. There is intense air hunger. Even though they are extremely chilly and freezing cold they have an intense air hunger. The lips are purplish and swollen. The tongue is dirty yellow or yellowish brown. The person is extremely thirsty, wants sips of cold water.

Respiration is **arrested**, sighing, wheezing and Cheyne-Stokes. Respiration is asthmatic in the morning or after midnight and in warm room and better in cold air. It is accompanied by external coldness.

Respiration is difficult in warm room, they want to be fanned; and want doors and windows open; worse by motion, walking and by lying with head low and better by sitting erect.

Expectoration is extremely difficult and he gets extremely fatigued and exhausted the moment he tries to expectorate. The patient usually wants to be propped up; they want to avoid any constriction of the chest or round the neck. **They would not allow the nurse or relative to keep any blanket on the chest.**

Throat choking; swallowing is difficult but painless especially of solids.

Like Lachesis they always tend to sleep into aggravation. They doze off and then wake up simply gasping for breath due to pulmonary oedema. **Many times they develop concomitantly congestive heart failure.**

X-ray may show pneumonia.

Peak expiratory flow may be less than 50 L/min.

On Observation:

1. **Extreme thirst, wants sips of cold water**
2. Eyelids are difficult to open they keep on closing
3. Eyes are sunken
4. Face discoloration red or yellow
5. **Froth from the mouth**
6. Lips swollen
7. **Nose is pinched**
8. Picking at nose
9. Profuse salivation
10. **Respiration is gasping, rattling and stertorous**
11. Speech is difficult

On Examination:

1. The pulse is soft, weak and small or intermittent and imperceptible.

5. Cuprum metallicum

There is severe apnoea, marked oppression of breathing, patient is unable to speak or swallow even few drops of water. **Great prostration, Cold clammy sweat. Respiration is impossible when mouth or nose is covered with oxygen mask. Patient feels constriction in the region of xiphisternum.**

Respiration is interrupted, arrested, deep and rattling. Respiration asthmatic worse after midnight especially after 3 a.m.

Respiration difficult after fright, walking rapidly or walking against the wind.

Long, paroxysmal or uninterrupted cough which is worse between 11 p.m. to 1 a.m., after slightest cold, inspiration or any act of swallowing. **Gurgling sound in the cough.**

X-ray may show pneumonia.

Poor pulmonary function test.

On Observation:

1. Bluish discoloration of lips
2. Clenched jaw
3. **Cracked lips**
4. Dilated nostrils
5. Distortion of head
6. Eyeballs turn upward
7. Eyelid may show snapping movement
8. Face bloated

9. **Facial expression hippocratic, haggard, pinched, suffering or sunken**
10. Flexion of thumb into the palms
11. Gurgling in esophagus after coughing or on swallowing
12. Hoarse voice
13. **Icy coldness of lips**
14. Jerking of the limbs
15. Motion of the head
16. **Patient takes long pause before replying**
17. Pointed nose
18. Pupils dilated and sluggish
19. Reddish patches on the face
20. **Respiration gasping, panting or jerking**
21. Rolling of eyeball
22. Sinuses of face
23. Slow inspiration
24. Speech impaired
25. **Swallowing noisy, impossible for solids**
26. Thirst for cold water
27. Tongue brownish, gray or yellowish white
28. Unable to hold the head

On Examination:

1. Pulse weak, soft or small.

6. Hydrocyanicum acidum

Respiration is accelerated, gasping, and deep. They desire deep breaths. Cheyne-Stokes respiration. **Difficulty in respiration is accompanied by constriction in the throat.** Spasmodic respiration.

Cough paroxysmal. Expectoration bloody, mucus and yellow.

On Observation:

1. **Associated renal failure**
2. Blood vessels of neck distended
3. Clenched jaw
4. **Clenching of teeth together**
5. **Coldness of hands and fingers**
6. Coldness of the face
7. Convulsive gestures
8. **Eating or drinking, swallowing is always noisy**
9. Eyelids half open
10. Eyes glassy appearance
11. Eyes staring
12. Face bloated
13. **Face discoloration bluish, cyanotic or pale**
14. Face perspiration
15. Face sunken
16. Froth from the mouth
17. Gurgling sound in throat while drinking
18. Head drawn sidewise upon shoulder
19. Involuntary movement of hands
20. Involuntary stool and urine
21. **Protruding tongue**
22. Respiration accelerated
23. Respiration gasping, rattling and stertorous
24. Speech incoherent
25. **Swallowing impossible**
26. Urine color light yellow

27. Urine sediment thick

On Examination:

1. Pulse irregular, slow, weak or soft

7. Lachesis muta

Lachesis patients usually develop symptoms related to **pulmonary oedema in winter or spring especially when the weather gets warmer after winter**. The patient will be extremely toxic; his expression will be cyanotic and mottled. The face is puffy.

Lips become swollen and cyanotic; speech thick due to difficulty in articulation. Sometimes a patient with pulmonary oedema may become delusional especially that somebody is going to poison them. Tongue is dark, swollen, red, salivation sticky. **Respiration gets difficult after jealousy.**

Greatly fear lying down because of suffocation, dread to lie down because they start severe coughing associated with violent headache. They feel as if the blood from the body is rushed or forced into the head. Head is hot and bursting and at the same time legs and feet are icy cold.

Many times I have seen Lachesis patient complaining of **feeling of fullness in the chest just behind the sternum.**

Respiration is **arrested**, deep, rattling and **stertorous**. Respiration asthmatic after midnight. Respiration is difficult in the night, after eating, after exertion, after talking, and during or after sleep and when falling asleep; they feel better by sitting bent forward. **They want doors and windows open.**

The collection of fluid in the lungs is more on the left side. They cannot bear to have anything close around the neck as they would be strangulated. They are unable to bear any pressure on the chest even of the blanket.

Sputum is usually scanty; sometimes the patient feels to expectorate but the expectoration gets stuck half way in the respiratory tract and they cannot expectorate it further.

The skin of the chest is extremely sensitive to touch. The person hates any strong odor especially of tobacco in the room where he is lying down.

They are extremely hot and like hot stuffy room. They have a marked aggravation after sleep. Sometimes they wake up from the sleep quite distressed. **One can also observe fine tremors in the hands.**

Cough is worse after eating, excitement or waking on and better by expectoration. Respiration accelerated and arrested during cough or during sleep and better by bending forward or bending head backward.

Mouth, throat and larynx are sensitive to touch. They cannot bear to have handkerchief approach the mouth as it will cause dyspnoea.

Respiration gets difficult on slightest exertion or lying down, and better by sitting bend forward or erect.

X-ray may show pulmonary oedema and pneumonia.

On Observation:

1. Bleeding of lips
2. Bloated face
3. **Cold perspiration on the face**
4. Constant disposition to swallow
5. Cracked lips
6. Epistaxis
7. **Excessive dyspnoea in nose**
8. **Expression haggard and vacant**
9. Eyes discoloration red
10. Eyes sunken

11. Face discoloration red or pale
12. Injected conjunctiva
13. Nose pointed
14. **Picking at nose till it bleeds**
15. Pupils dilated and insensible to light
16. Swelling on the lips
17. **Throat choking during sleep**
18. Tongue cracked
19. **Tongue discoloration brown and yellow**
20. Tongue trembling

On Examination:

1. Pulse frequent, full or slow and small or sometimes thready

8. Laurocerasus

Clubbed fingers, bluish red complexion with bluish discoloration of lips is the triad of Laurocerasus. The typical breathing pattern is sudden gasping for breath then 2 or 3 long breath then the breathing gets gradually shallow then a pause followed by 2-3 gasps, this pattern keeps on repeating.

The dyspnoea becomes much if the patient sits upright or after exertion or walking. The patient is always better in a semi-recumbent position.

Hard, constant and rough cough; cough is always worse by lying down but sitting upright produces severe congestion of the chest and hence semi-recumbent is the best position.

Expectoration is bluish, bloody or purulent.

They are extremely chilly and they want themselves covered warm.

X-ray chest may show pneumonia.

On Observation:

1. **Clenched jaw**
2. Cold perspiration on the forehead
3. Excessive mucus in the larynx
4. **Expression sleepy**
5. Eyelids half open
6. Face bloated
7. Face discoloration blue
8. **Face sunken**
9. **Icy coldness of the nose**
10. Neck pulsation
11. Noisy swallowing
12. Nose pointed
13. **Perspiration on the nose**
14. Pupils insensible to light
15. Respiration accelerated, gasping, loud and stertorous
16. **Scanty urine**
17. Swallowing impossible
18. **Thirst for small quantity**
19. Tongue dirty white
20. Weak voice

On Examination:

1. Pulse full and irregular

9. Lobelia inflata

Observing the Lobelia patient one gets feeling that they are seriously ill, they look pale and sweaty. **There is severe air hunger, they want to be left quiet but they do not want to be left alone.**

They always complain of severe oppression of the chest. **There is severe dry, exhausting cough accompanied by nausea.** Any motion aggravates the cough and nausea. Nausea accompanied by salivation and it is better by drinking or eating.

Respiration arrested during cough. Respiration gets difficult on slightest exertion, ascending, motion, walking rapidly, on lying down and in cold air. Respiration asthmatic aggravated in cold air; after warm food and when going to a warm room from open air.

Tenderness of the sacral bone or discomfort of the sacral bone is strong concomitant of Lobelia.

X-ray chest may show pulmonary tuberculosis or pneumonia.

On Observation:

1. Cold perspiration of forehead
2. Cold perspiration on the face
3. **Coldness of teeth**
4. **Coldness of the face**
5. Disposition to hawk
6. Oedema of the chest wall
7. Respiration accelerated
8. **Tongue white**
9. Viscid saliva

On Examination:

1. Pulse fast and thready or intermittent and small or frequent

10. Opium

Opium is useful for pneumonia in young people, infants and alcoholics.
Respiration gasping, arrested, accelerated, deep and stridulous.

Spasms of the larynx causes cough. Cough is worse by cold drinks, after midnight or during sleep. Voice becomes deep and hoarse

Expectoration is bloody and frothy

Respiration is moaning and stertorous; Cheyne-Stokes breathing. Respiration is arrested during cough or during sleep. Respiration is difficult in the night, on waking, when falling asleep and patient must be awakened to avoid suffocation.

X-ray chest may show pneumonia.

On Observation:

1. Bleeding from the tongue
2. Bores head into the pillow
3. Coldness of the face
4. **Coldness of the hands and feet**
5. Conjunctiva injected
6. Dryness of hands
7. **Eyelids half open**
8. Eyes brilliant
9. Eyes red discoloration
10. **Face bloated or sunken and wrinkled**
11. Face discoloration bluish, pale or red
12. Facial expression besotted, confused, haggard or vacant
13. Froth from the mouth
14. Glassy appearance of eyes
15. **Grinding of teeth**

16. Hot perspiration on face
17. **Jaw clenched**
18. Liquids come out of the nose on attempting to swallow
19. **Loosening of clothes ameliorates**
20. Mouth open
21. Nails blue
22. Neck pulsation
23. Nose pinched or pointed
24. Perspiration of the scalp hot or cold
25. Protruding tongue
26. Protrusion of eyeballs
27. Pupils dilated or contracted
28. **Respiration gasping, accelerated, deep and stertorous with puffy expiration**
29. Retention of urine
30. Saliva bloody, frothy and thick
31. Severe constipation
32. **Speech thick and slurred**
33. Swallowing difficult almost impossible
34. Thick lips
35. Tongue discoloration black, bluish black, purplish black or brown
36. **Trembling of the tongue**
37. Urine dark yellow, scanty and frothy
38. Wild look of the eyes

On Examination:

1. Abdomen cold to touch
2. Abdomen distended and tympanic

3. Pulse frequent and small or frequent and intermittent or irregular and slow or sometimes thready and weak

11. Sambucus nigra

Respiration accelerated, loud, and wheezing. Respiration asthmatic in the night especially after midnight. Respiration arrested worse during sleep and cough. There is difficulty in respiration after midnight especially at 3 or 4 a.m.; or on waking; or when falling asleep; or during cough; on expiration and inspiration; and better by sitting erect.

Barking, hard, rattling, constant and suffocative type of cough, worse midnight

Cough day and night. Expectoration is copious, mucus, tenacious.

On Observation:

1. Blueness of finger nails
2. **Cold perspiration on the face**
3. Coldness of hands during sleep
4. Disposition to hawk
5. Eyelids half open
6. Face discoloration bluish or red
7. Face sunken
8. **Mouth open accompanied by coughing**
9. Mucus in larynx
10. Nose snuffling
11. Perspiration on external throat
12. Perspiration on scalp
13. Profuse salivation
14. Rattling in larynx
15. **Respiration accelerated, panting, rattling and stertorous**

16. Spasms of throat
17. Tongue white
18. Voice rough, toneless

On Examination:

1. Respiration arrested due to severe congestion in the lungs
2. Pulse frequent and full or frequent and small or weak

12. Senega

Senega is very useful remedy in cases of neglected pneumonia. Respiration is rattling and asthmatic in old people. Respiration becomes accelerated during anxiety; breathing gets difficult on ascending the stairs and on lying down; and better by breathing deep and by sitting erect.

Cough hard and constant; aggravated in open air, and on lying in bed. Excessive catarrh of bronchial tubes in old people. **Expectoration is ropy, stringy and yellow.**

There may be strong family history of pulmonary tuberculosis.

X-ray chest may show pneumonia.

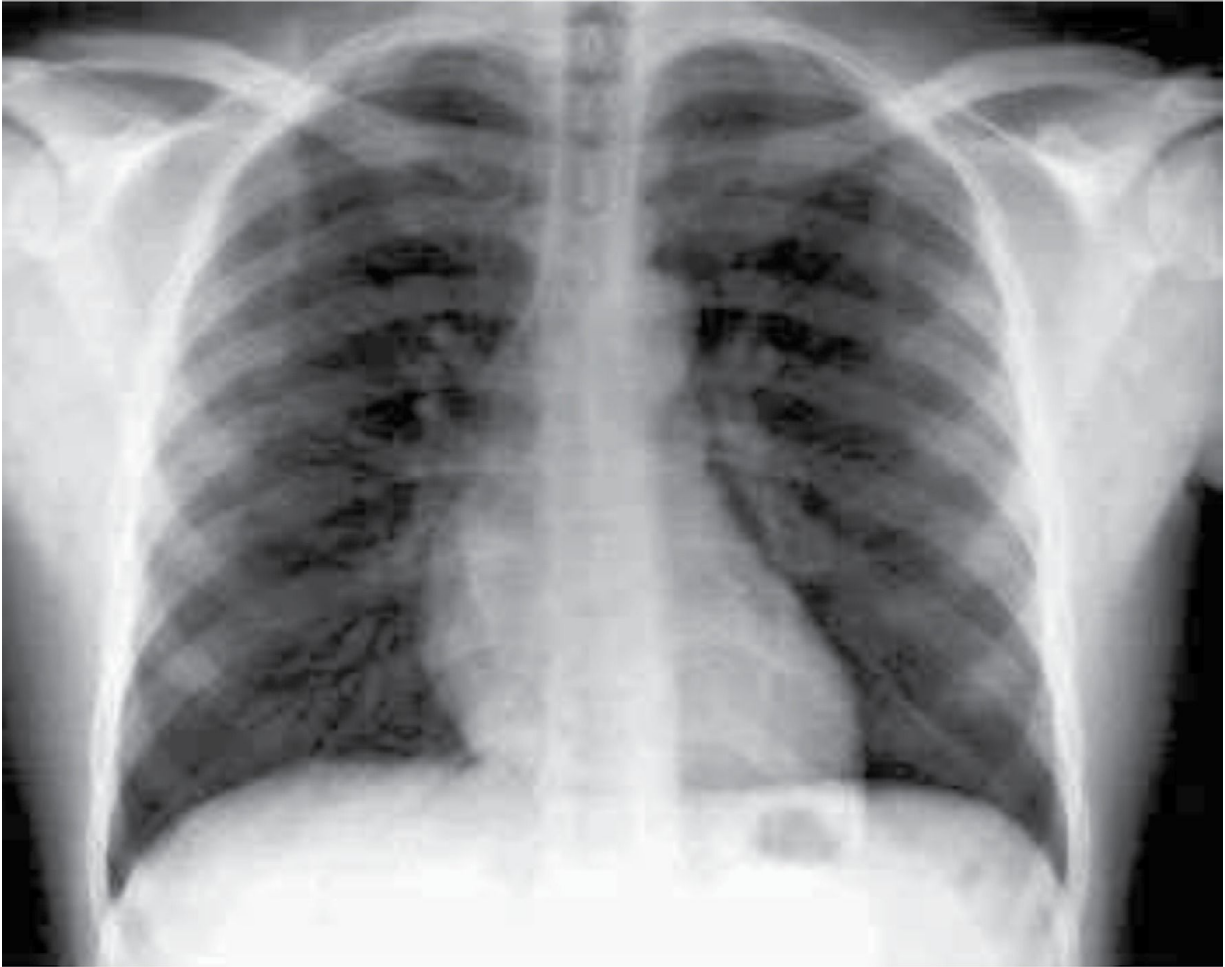
On Observation:

1. **Constant clearing the larynx**
2. Constant disposition to swallow saliva
3. Ecchymoses of sclera
4. Eyes discoloration red
5. Face discoloration red
6. **Head congestive during cough**
7. Offensive odor from the mouth
8. Pupils contracted and sluggish

9. **Respiration accelerated or rattling**
10. Saliva watery and viscid
11. Speech indistinct
12. **Stertorous breathing**
13. **Tenacious mucus in the throat**
14. Tongue coated yellow
15. Trembling of the body sleep during
16. Voice hoarse and rough

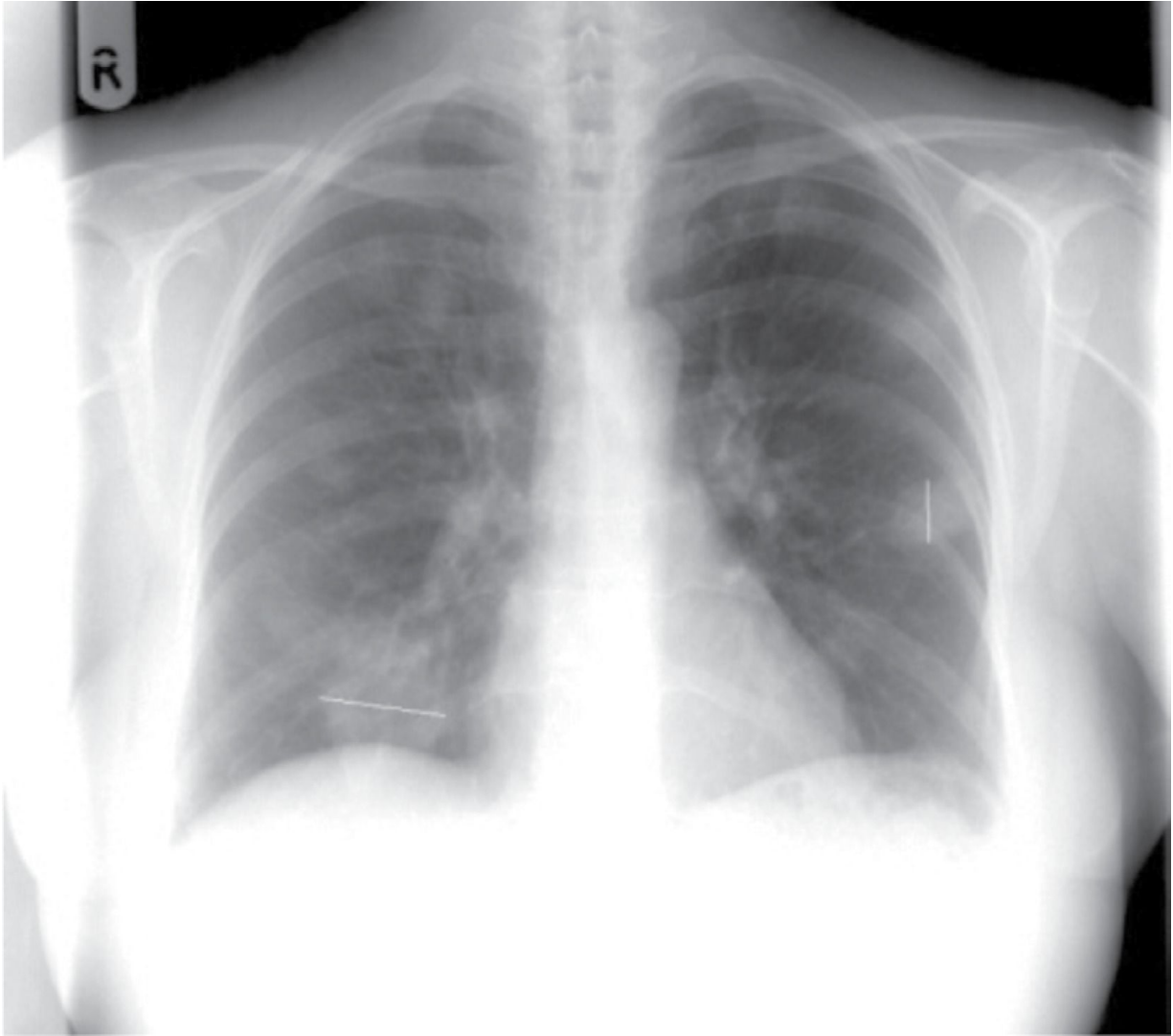
On Examination:

1. The pulse is irregular, small, weak or wiry.



Carbo vegetabilis

1. Acute exacerbation of chronic asthma
2. Severe allergy to dust
3. Asthma worse cold air or draft of air
4. Asthma worse midnight after 3 am
5. Lying on back impossible; respiration worse on lying on right side
6. Loud rattling respiration with scanty expectoration
7. Difficult respiration during sleep
8. Constant dry hacking cough which is better by lying on right side



Sambucus nigra

1. Acute asthma in a chronic bronchitis
2. Past history of tuberculosis
3. Respiration difficult with excessive perspiration
4. Respiration difficult after midnight
5. Respiration loud
6. Severe wheezing develops during bouts of coughing
7. Constant coughing which is worse on lying with head low

ATELECTASIS

It is a medical condition in which the lungs are not fully inflated. It may affect part or all of one lung. It is a condition where the alveoli are deflated, as distinct from pulmonary consolidation.

It is a very common finding in chest X-rays and other radiological studies. It may be caused by normal exhalation or by several medical conditions. Although frequently described as a collapse of lung tissue, atelectasis is not synonymous with a collapsed lung, which is a more specific condition that features atelectasis. Acute atelectasis may occur as a post-operative complication or as a result of surfactant deficiency. In premature neonates, this leads to infant respiratory distress syndrome.

Causes

1. The most common cause is post-surgical atelectasis, characterized by splinting, restricted breathing after abdominal surgery.
2. Smokers and the elderly are at an increased risk.
3. Atelectasis implies some blockage of a bronchiole or bronchus, which can be within the airway (foreign body, mucus plug), from the wall (tumor, usually squamous cell carcinoma) or compressing from the outside (tumor, lymph node, tubercle), anesthesia, pressure on the lung caused by buildup of fluid between the ribs and the lungs, prolonged bed rest with few changes in position or shallow breathing.
4. Another cause is poor surfactant spreading during inspiration, causing an increase in surface tension which tends to collapse smaller alveoli.
5. Atelectasis may also occur during suction, as along with sputum, air is withdrawn from the lungs.

6. There are several types of atelectasis according to their underlying mechanisms or the distribution of alveolar collapse; resorption, compression, microatelectasis and contraction atelectasis.
7. Another cause of Atelectasis is a Pulmonary Embolism (PE).

Classification

Atelectasis may be an acute or chronic condition. In acute atelectasis, the lung has recently collapsed and is primarily notable only for airlessness. In chronic atelectasis, the affected area is often characterized by a complex mixture of airlessness, infection, widening of the bronchi (bronchiectasis), destruction, and scarring (fibrosis).

Acute Atelectasis

Acute atelectasis is a common postoperative complication, especially after chest or abdominal surgery. Acute atelectasis may also occur with an injury, usually to the chest (such as that caused by a car accident, a fall, or a stabbing). Atelectasis following surgery or injury, sometimes described as massive, involves most alveoli in one or more regions of the lungs. In these circumstances, the degree of collapse among alveoli tends to be quite consistent and complete. Large doses of opioids or sedatives, tight bandages, chest or abdominal pain, abdominal swelling (distention), and immobility of the body increases the risk of acute atelectasis following surgery or injury, or even spontaneously.

In acute atelectasis that occurs because of a deficiency in the amount or effectiveness of surfactant, many but not all alveoli collapse, and the degree of collapse is not uniform. Atelectasis in these circumstances may be limited to only a portion of one lung, or it may be present throughout both lungs. When premature babies are born with surfactant deficiency, they always develop acute atelectasis that progresses to neonatal respiratory distress syndrome. Adults can also develop acute atelectasis from excessive oxygen therapy and from mechanical ventilation.

Chronic Atelectasis

Chronic atelectasis may take one of two forms—middle lobe syndrome or rounded atelectasis. In middle lobe syndrome, the middle lobe of the right lung contracts, usually because of pressure on the bronchus from enlarged lymph glands and occasionally a tumor. The blocked, contracted lung may develop pneumonia that fails to resolve completely and leads to chronic inflammation, scarring, and bronchiectasis.

In rounded atelectasis (folded lung syndrome), an outer portion of the lung slowly collapses as a result of scarring and shrinkage of the membrane layers covering the lungs (pleura). This produces a rounded appearance on X-ray that doctors may mistake for a tumor. Rounded atelectasis is usually a complication of asbestos-induced disease of the pleura, but it may also result from other types of chronic scarring and thickening of the pleura.

Absorption Atelectasis

The atmosphere is composed of 78% nitrogen and 21% oxygen. Since oxygen is exchanged at the alveoli-capillary membrane, nitrogen is a major component for the alveoli's state of inflation. If a large volume of nitrogen in the lungs is replaced with oxygen, the oxygen may subsequently be absorbed into the blood reducing the volume of the alveoli, resulting in a form of alveolar collapse known as absorption atelectasis.

Symptoms

1. Cough, but not prominent
2. Chest pain
3. Breathing difficulty
4. Low oxygen saturation
5. Fever - debatable; no evidence to support this, although it is widely accepted
6. Pleural effusion (transudate type)
7. Cyanosis (late sign)
8. Increased heart rate

Prognosis

1. In an adult, atelectasis in a small area of the lung is usually not life threatening. The rest of the lung can make up for the collapsed area, bringing in enough oxygen for the body to function.
2. Large atelectasis may be life threatening, especially in a baby or small child, or someone who has an accompanying lung disease or illness.
3. The collapsed lung usually reinflates gradually once the obstruction has been removed. However, some scarring or damage may remain.

Possible Complications

1. Pneumonia may develop rapidly after atelectasis.
2. Massive atelectasis may result in the complete collapse of a lung.

Diagnosis

1. Chest X-ray - Post-surgical atelectasis will be bibasal in pattern.
2. Computed tomography
3. Bronchoscopy

Treatment

Treatment is directed at correcting the underlying cause. Post-surgical atelectasis is treated by physiotherapy, focusing on deep breathing and encouraging coughing. An incentive spirometer is often used as part of the breathing exercises. Ambulation is also highly encouraged to improve lung inflation. People with chest deformities or neurologic conditions that cause shallow breathing for long periods may benefit from mechanical devices that assist their breathing. One method is continuous positive airway pressure, which delivers pressurized air or oxygen through a nose or face mask to help ensure that the alveoli do not collapse, even at the end of a breath. This is helpful, as partially-inflated alveoli can be expanded more easily than collapsed alveoli. Sometimes additional respiratory support is needed with a mechanical ventilator.

The primary treatment for acute massive atelectasis is correction of the underlying cause. A blockage that cannot be removed by coughing or by suctioning the airways often can be removed by bronchoscopy. Chronic atelectasis often is treated with constitutional homoeopathic remedy instead of using an acute remedy. If a tumor is blocking the airway, relieving the obstruction by surgery.

Prevention

Encourage movement and deep breathing in anyone who is bed-ridden for long periods.

Keep small objects out of the reach of young children.

Maintain deep breathing after anesthesia.

Homoeopathic Treatment

1. Ammoniacum gummi

Ammoniacum gummi comes from Persia, it belongs to Umbellifereae family. It is extremely **useful in people who are feeble, aged, weak and immune-compromised or who suffer from recurrent pneumonia or recurrent infection** in the bronchiectasis or recurrent chronic bronchitis and the main complaint is excessive amount of secretion and congestion due to chronic inflammation and this mucus and secretion they are having lot of difficulty raising it.

The throat is **dry** and the respiration is extremely difficult. There is severe congestion in the nasal passage, paranasal sinuses and there is excessive catarrh in the whole respiratory tract.

In a hospitalized patient there is an aspiration of the secretion from the subglottic region. The difficulty in respiration is accompanied by rattling sound. The cough is loose. The worse time for them is the winter and the cold weather and they cough very violently in the night.

The **expectoration is purulent, stringy and yellow**. The **left** side of the lungs is chiefly affected. The patient gets pain in the chest which is a stitching variety. The cold air and cold atmosphere will aggravate the patient.

Many times the patient is unable to tolerate the **cold wet weather** especially the heavy monsoon in North East India and in the Western India like Bombay, Goa and the Konkan area.

On Observation:

1. There is **excessive weakness in the morning**.
2. There is **constant fan like motion of the alae nasi**.

On Examination:

1. The pulse is frequent and small.

2. Antimonium sulphuratum auratum

Antimonium sulphuratum auratum has been proven to be extremely effective for atelectasis of the lung especially the **upper lobe of the left lung** in people who are weak, old and debilitated. They usually suffer from chronic catarrh of the respiratory tract especially the **post nasal catarrh** which then can drop inside the respiratory tubes and affects larynx, trachea and bronchus.

The patient has difficulty in breathing worse in the night after **midnight** especially towards the **early morning** in waking hours, the cough is constant and loose but gets worse in cold weather and in winters. The **expectoration is very thick, grayish, and it tastes sweetish**.

I have used this remedy in the early stages of atelectasis as well as in the late; and terminal as well as in neglected cases. There is **severe pain in the chest while coughing**. After coughing the person gets rawness and

soreness in the area where there is atelectasis, the pain is typically at the left side of the lungs at the apex and the middle part.

On Observation:

1. There is extreme degree of **weakness** in the morning.

On Examination:

1. Increase mucus in the nose, and throat
2. Excessive aspiration from the subglottic area
3. **Abdominal area is sensitive to touch especially near the umbilical region**
4. On chest auscultation there are excessive rhonchi, more in the area of the left lung.
5. Pulse is very **soft**

3. Antimonium tartaricum

It is one of the most common remedy that I use in my day to day practice. Emotionally I see two types of individuals, one is extremely calm who do not have any anxiety. The opposite group has lot of anxieties regarding health and fear. If it's a child they want to be carried, many times confusion and dullness of mind follows and in a terminal stage lot of irritability and sleepiness. The common gesture in an advance case is grasping of mother, nurse and doctors. They become irritable during acute disease.

Also in some cases I have seen **strong fear of suffocation** as a result they do not allow anybody to come close to them or touch them; many times patient can go into semi-unconscious state.

Mostly the cause of atelectasis in Antimonium tartaricum is bronchial asthma, asthmatic bronchitis, pneumonia, bronchitis, bronchiectasis, pleural effusion, and cancer of bronchus, sarcoidosis of lung, bronchiolitis obliterans organizing pneumonia and COPD.

Rattling in the chest due to excessive mucus in the larynx, trachea and air passage. Voice becomes hollow and weak. Respiration is accelerated which is worse on lying down.

Respiration is distressed better in an open air and worse during cough and during sleep.

Severe asphyxia; difficulty in respiration is better by eructation and expectoration.

The more he coughs the more he is breathless. **It can become extreme that patient needs to be fanned and lying down become impossible.** Sitting position will give partial relief. Discomfort is due to adherent and tough mucus secretion in alveoli, small bronchioles, bronchus and trachea.

Respiration can be jerking, moaning and panting

Excessive sleepiness and yawning is important concomitant.

Any emotional excitement, fear and fright can invite respiratory failure.

Cough violent, must sit up; cough better by sitting erect

On Observation:

1. Respiration wheezing, rattling and panting
2. Face cyanotic; Cyanosis sets in very early.
3. Perspiration on the face, feet and hands which is cold
4. Patient needs to be fanned due to breathlessness.

On Examination:

1. Anemia
2. **Excessive mucus in the larynx, trachea and air passage.**

3. Pulse frequent, hard, intermittent, irregular, soft, small and imperceptible.

4. Arsenicum album

Arsenicum album is an acute remedy and hence its use in atelectasis is very limited. Many times you can also use **Arsenicum album in a terminal stage where the atelectasis has already resulted in various complications and the person is slowly progressing into respiratory failure.**

The most important thing that one should observe in a case of Arsenicum album is **mental and physical restlessness** and they are constantly tossing around never in one particular position and as the collapse advances they become weaker and weaker until a situation comes when they cannot even move one finger or they cannot even keep their eyes open.

There is always some degree of **fear and anxiety and the person feels that he is surely going to die.** He wants attention and people to be around him; he does not want to stay alone in the room.

They look little pale. The lips are usually **cyanotic**. The face is little shrunken. They are extremely chilly and they are actually shivering with the cold and they need enough warmth and clothing. **They are intensely thirsty. The mouth is dry and parched, they constantly want to drink sips of water but the water that they require to drink is usually cold even though in general they are quite chilly.** The tongue is dry and red or it could be dry and brown and there is a feeling of burning heat in the mouth.

They are too weak to cough. They usually complain of a lump like sensation in the throat. On examination the throat is **congested** and inflamed. There will be grayish mucus in the throat. Swallowing is difficult but painless; one can see ulcers in the mouth or throat. The cervical lymph nodes may be enlarged more on the right side. There may be **enlargement of the thyroid gland** in the form of a goiter. There is a sense of constriction

around the larynx. The voice is changeable, hoarse and sometimes it is tremulous and weak. **Coughing brings usually no sputum.** Coughing is also worse after midnight, by lying on the back and lying on the left side.

The expectoration is usually frothy and tenacious mucus with an offensive odor but the taste of the **expectoration is putrid and salty.** There can be associated abscess in the lungs with atelectasis.

They have a difficulty in breathing especially when they cough. **The breathing difficulty usually comes after midnight and it is accompanied by cyanosis, palpitation, thirst, and constrictive sensation or oppression around the chest.** Any draft of cold air aggravates the patient. Sitting erect gives them a good relief in breathing; while during sleep they suddenly become quite breathless and cyanotic. Lying on the back or lying down in the bed becomes very difficult for them to breathe. **Any emotional excitement may also increase the breathing difficulties.** You will see that the accessory muscles of the respiration are in use like the sternocleidomastoid and intercostal muscles. They are gasping for the air in the terminal stages, the respiration becomes interrupted, irregular, and jerky and lot of rattling.

There may be past or family history of **tuberculosis and cancer.**

There can be pulmonary oedema, pleural effusion and empyema.

Usually atelectasis that we look for in Arsenic patient is in the last stage or neglected stage where it is useful as an acute remedy. I have used Arsenicum album in many cases where the lung has developed atelectasis due to cancer of the bronchus or secondaries in the lungs or in cases of lymphoma where large lymph nodes is compressing the lung or a large mediastinal mass is compressing the lung.

On Observation:

1. **The accessory muscles of the respiration are in use like the sternocleidomastoid and intercostal muscles.**
2. The face is little shrunken.

3. The lips are **cyanotic**.
4. The respiration is gasping, interrupted, irregular and jerky.
5. The tongue is dry and red
6. They look pale.

On Examination:

1. The throat is red, congested and inflamed
2. The cervical lymph nodes are enlarged.
3. The pulse is feeble, imperceptible, slow, small and sometimes thready.

5. Bacillinum burnett

Bacillinum of Burnett can be used in acute atelectasis but sometimes it is useful as an intercurrent remedy. Past and family history of **tuberculosis** are very important indications but tendency to develop recurrent tonsillitis or adenoid or recurrent upper respiratory tract infection or to tendency to catch cold are some of the other leading indications of the remedy.

Usually useful for people with the weak immune system especially the old people and the neonates and infants where is respiration is difficult more in the night. It's a rattling respiration; the person cannot breathe deep enough.

The cough is loose which is worse indoor and better in open air. The cough is worse during the sleep, the patient wakes up from the sleep with the spasmodic violent cough, and the whole body jerks with the cough.

The expectoration is **purulent, tough and viscid**. It is useful in atelectasis that is known to turn in to a lung abscess very soon.

There can also be family or past history of the **cancer** of the breast or any other organ or pulmonary tuberculosis.

The X-ray chest may show lot of **pulmonary oedema** along with **atelectasis**. The heart can be secondarily affected because of the defective functioning of the lungs.

The chest is extremely sensitive to the cold air. Any motion produces severe exhaustion and weakness and they are always worse in a cold room and better in an open air.

The main aggravation in Bacillinum comes when the person is unable to expectorate or expectorates less because the congestion remaining in the lung will aggravate almost all his complaints.

On Observation:

1. The person is **malnourished, thin and emaciated**.

On Examination:

1. Rhonchi on chest auscultation.

6. Bellis perennis

In Bellis perennis there is always **atelectasis due to some injury or cancerous pathology as this is one of the very important sycotic remedy**. Also atelectasis can be due to septicemia. **Atelectasis can also be a result of getting yourself totally chilled by cold drinks or cold air when the body is being heated.**

I have seen cases of atelectasis in Bellis perennis that arise from again the diseases of heart especially **cardiomyopathy** and **fatty degeneration**. The most important thing is the concomitant where you see spleen is quite congested, enlarged and swollen, the patient complaints of **hoarse cough** with difficulty in breathing, with the past history of cancer especially of the mammary glands or injury to the chest or **injury to the mammary glands**. There is severe pain in the chest while coughing with inspiration.

Most of the symptoms in *Bellis perennis* are either **worse in the morning when he wakes up or after midnight**. The patient is **extremely chilly; cold air cold bath cold drinks everything aggravates**. The patient feels much better in a warm atmosphere.

On Observation:

1. Severe chest pain while coughing with inspiration.

On Examination:

1. **Dropsy on the dependant parts.**
2. Pulse is quite irregular.

7. Bromium

Bromium is a short acting drug. It is a very useful remedy when there is lot of breathlessness and coughing in atelectasis especially when the inflammatory stage in the lungs is quite pronounced and there is associated irritation of the full respiratory tract producing **spasm, constriction with a sense of suffocation**.

The suffocation usually comes when a patient attempts to swallow and this is only temporarily relieved by warm drinks. The patient cannot breathe deeply or inspire deeply because excessive secretion from the finer bronchioles; there is a sensation as if the bronchiole tubes are filled with smoke or vapor of sulphur.

There is pain in the sides of the chest which is worse pressure and motion and this pain from the side usually extends to the arms.

There is difficulty in swallowing due to inflammation of the throat. **Bromium has got atelectasis associated with many oral cancers or cancers that arise from thyroid or the parathyroid gland.** There has to be some inflammation or induration or swelling of the cervical glands.

The voice is usually hoarse and husky. The person has got marked difficulty in breathing with slightest exertion or when he lies down or when he is in a warm room. He is always better in open air.

There is **panting** and **rattling** type of respiration.

The cough is worse from cold air; it is constant day and night and exhausting. Eating anything sour will aggravate the cough.

The expectoration is very difficult.

Even though they are hot patients and they love open air draft of cold air usually aggravates them.

There may be past or the family history of pulmonary tuberculosis or cancers especially the oral, thyroid, thymus, parathyroid gland or breast cancer. Or there may be a history of goiter in the past.

X-ray chest shows hypertrophy of the ventricles and severe consolidation of the lungs. Usually the right lung is more affected.

On Observation:

1. Fan like motion of alae nasi

On Examination:

1. Dry, sibilant sounds all around the chest
2. Respiration **panting** and **rattling**
3. Swelling of the cervical glands.
4. The pulse is usually intermittent and full.
5. Throat is inflamed and red.

8. Calcarea carbonica

It's a deep acting remedy and hence usually indicated in later stages of atelectasis when indicated remedy is unable to clear the total picture. **Calcarea carbonica does have its acute dimension in the respiratory affection but more so you should prescribe Calcarea carbonica on its general and constitutional symptoms.**

Patients who need Calcarea carbonica for atelectasis usually have very strong **scrofulous diathesis** and they may have past or family history of cancer, tuberculosis, thyroid disorder, goiter, lymphoma, and diabetes. One need not be always obese even in acute condition of Calcarea carbonica.

The voice is hoarse ever since the person has developed the atelectasis which is **painless** and it becomes worse almost **indistinct** and **lost in the morning.**

The respiration is difficult on exertion, ascending stairs, and on lying down but falling asleep and sleep during aggravation is very important. **Respiration is panting and rattling.**

There is **annoying cough which is worse before and after midnight.** Patient may wake from sleep coughing and he coughs so much till he brings out a very salty expectoration. The cough is worse after eating and lying down; but it's always worse on going to sleep or especially after 1 hour after going to sleep and he wakes from the sleep coughing.

The **expectoration is globular, greenish and gray,** it has a sour odor and it tastes metallic, salty or sweetish like sugar.

The X-ray chest may show consolidation which is not resolved so it becomes a case of a neglected pneumonia usually it is a right upper lobe, but sometimes left lobe is also equally affected. **Many times you can see atelectasis in patients either who have cancer of the breasts or cancer of the bronchus where there can be a metastasis or pleural effusion.**

Like Bryonia it has got pain in the chest with inspiration, while coughing, and on lying on the affected side, it also has a stitching pain like Bryonia. The pain in the sides of the chest is also worse by motion or slightest motion.

They are extremely **chilly** patients. Sometimes you will see irregular distribution of blood flow that can produce heat flushes. Calcarea carbonica patients are quite chilly esp. the palm and soles. They may easily get overheated and distressed and may desire cold air for short period but then immediately when they are again exposed to cold air they start feeling cold and want to cover. **They cannot remain hungry for long.** Thirst may be marked for **cold water or ice cold water** which they are not able to tolerate. There is often difficulty in getting sleep because many times anxious thoughts keep on disturbing them till the late night. They often sweat a lot during the sleep. **They have a strong tendency to catch cold.**

A persistent tickling cough especially at night is a very important symptom that I have verified in Calcarea carbonic on many occasions. Many times tuberculosis which is maltreated or not properly treated can produce severe atelectasis especially if that tuberculosis is accompanied by night perspiration.

On Observation:

1. Voice hoarse
2. **Disturbed sleep due to cough.**

On Examination:

1. The respiration is panting and rattling.
2. On auscultation there is wheeze and creps scattered all over the lungs.
3. The pulse is frequent, small and thready.

9. Calcarea phosphorica

This is not commonly used remedy in atelectasis but sometimes useful in children. You will see marked **inflammation of the pharynx**. You may even see **enlarged tonsils**.

The child may be **quite lean, thin and emaciated**. But typically you will see marked anemia and intense degree of hyperventilation. The person may have difficulty in breathing with little exertion. The respiration can be quite **rattling**.

The **cough is worse in open air and cold drinks**.

The expectoration is difficult and **yellow**. There may be a family or past history of the **cancer of the breast**.

Usually atelectasis occurs in the left side and that's why you may have a **sore pain on left side of the chest which is worse on inspiration**.

There may be a strong family or past history of **tuberculosis**. The hemoglobin is extremely low. The patient is **chilly** and have tendency to catch cold. There may be a past history of **rickets**.

On Observation:

1. Lean, thin and emaciated patient
2. Chilly

On Examination:

1. Anemia
2. Tonsils enlarged.

10. Carboneum hydrogenisatum

It is carburetted hydrogen or Ethene. Similar to Carboneum oxygenisatum. In Carboneum hydrogenisatum where there is **lot of secretion which is removed from the subglottic area**.

The respiration is **accelerated**. The patient is **quite serious, sinking almost in the state of collapse**. Patient is usually **stuporous and unconscious**.

The respiration is extremely interrupted; it has more interrupted respiration than Carboneum oxygenisatum.

The cough is paroxysmal with bloody expectoration.

The extremities are extremely cold. The perspiration is **clammy** all over the body.

The X-ray may show pulmonary oedema and consolidation but you will see lot of rales scattered all over the lungs.

There may be murmur in the heart; the heart may show signs and symptoms suggestive of right ventricular failure. The blood pressure may be quite high.

On Observation:

1. Excessive salivation from the mouth
2. Eyes are open half.
3. **Face is hippocratic and drawn.**
4. **Jaw is clenched.**
5. **Respiration is irregular, rattling, slow and stertorous.**
6. Stretching out his extremities constantly
7. Trembling of the hand.

On Examination:

1. On auscultation lot of rales in the lungs
2. High blood pressure
3. Pulse is small and weak

11. Carboneum oxygenisatum or Carbonous oxide

Carboneum oxygenisatum is a useful remedy in practice for various conditions, one of them is atelectasis. In this remedy you will see atelectasis associated with severe neurological conditions like coma or patients who have paralysis of the lungs and are in coma for months together and later develop hypostatic congestion leading to pneumonia and ultimately atelectasis.

You will see a lot of rattling in the larynx and trachea; the person usually is stuporous, semi-stuporous or semi-comatose. **The respiration is accelerated; the oxygen level in the blood is very low; the saturation of oxygen is very low;** the respiration is intermittent, irregular but a lot of rattling. It's usually slow with stertorous respiration.

There is a lot of rattling cough which is spasmodic in nature. Coldness of the hands and feet is an important concomitant. The face looks pale and quite anxious.

The X-ray will show consolidation and pulmonary oedema.

There may be an irregular rhythm of the heart. The patient requires mechanical ventilation to maintain his gas levels. There will be marked cyanosis associated with hemorrhage from the lungs.

Overall the prognosis in these patients will be guarded.

On Observation:

1. Rattling in the larynx and trachea
2. Respiration accelerated

On Examination:

1. Cardiovascular system examination will show murmurs
2. The pulse is irregular, slow, soft and weak

12. Chelidonium majus

Chelidonium majus comes from Papaveraceae family. It is a deep acting remedy when the characteristic symptoms are present we can easily cure the atelectasis with this remedy alone.

This remedy is quite similar to Bryonia; they are almost alike and whenever you give Bryonia without success remember you have missed Chelidonium.

The onset is rather slow, the whole phenomenon starts with loss of appetite and a general discomfort preceding the onset of atelectasis. The right side of the lung is commonly affected than the left side. **They do not like to be disturbed like Bryonia. They are quite lethargic, they do not want to make any effort because they are aggravated by motion and they are quite irritable if you force them to do something.** Chelidonium patients are more spiteful and snappy if you force them to move or to perform certain action; **they do not like being cross-examined or cross-questioned.**

The stitching pain due to atelectasis is on the right side **deep inside.** This pain is worse inspiration, motion; better by sitting and bending forwards.

The pain on the right side of the chest extends to the back and scapula.

One may find a fan like motion of the alae nasi; the uvula may be elongated on examination. **There may be stiffness around the neck; any clothing around the neck is quite intolerable by the patient.** There is a sense of constriction around trachea and larynx.

The respiration is **accelerated.** The person will have difficulty in breathing which is worse in the night in the bed, better open air, near the open windows, the patient wants lots of fresh moving air in the room but the most important thing to remember in Chelidonium is better by lying down. **The respiratory discomfort is almost always better by lying down.**

They have a dry, forcible and exhausting cough which comes in paroxysms. Rising from the bed aggravates the cough.

Expectoration may be grayish and lumpy but very sticky.

Consolidation usually affects either the right upper or the right lower lobe but usually patients have one of the illness as a concomitant to atelectasis either liver or kidney disease.

There may be past or family history of **diabetes**.

The cholesterol levels may be high.

The major difference between Bryonia and Chelidonium according to me is that Bryonia has intense thirst for cold drinks while as in Chelidonium with atelectasis they have intense desire for hot drinks.

On Observation:

1. Respiration accelerated
2. Fan like motion of the alae nasi
3. Uvula elongated
4. Neck sensitive to clothing
5. The tongue may be cracked or discolored brown
6. Cyanosis

On Examination:

1. The pulse is full, hard and large or slow, small and soft.

13. Hippozaeninum

Atelectasis in Hippozaeninum is built up on a tubercular and syphilitic soil. There is suppuration throughout the body (nose, throat, trachea or lung). It is usually useful for chronic atelectasis and not acute atelectasis **where the inflammation process in the alveolar tissue is of a chronic variety.**

The person is weak, debilitated and very old rarely in young children, neonates and infants who are immune-compromised.

The respiration is accelerated, there is a difficulty in breathing because of excessive amount of mucus in the upper and lower respiratory tract and that leads to rattling respiration followed by stertorous breathing which is extremely loud, The patient cannot breathe deep enough.

The cough is **loose** and **rattling**, the expectoration is **copious**.

Family or past history of cancer, tuberculosis is frequently noted in the history. The patient is emaciated because of chronic atelectasis. Lymph nodes can be inflamed in different parts of the body. If the patient is hospitalized you will see that there is excessive mucus secretion that needs to be expectorated regularly several times in a day. Atelectasis is known to develop in to pulmonary abscess as a sequel in this remedy.

On Observation:

1. **Breathing is extremely noisy**
2. **Offensive odor from the mouth**
3. Patient is weak and debilitated
4. Tongue is dry thick

On Examination:

1. Catarrh in the nose and throat
2. Cervical lymph-nodes are enlarged
3. **Chronic constipation**
4. Excessive thirst
5. **Gums bleed**
6. Pulse is frequent in small volume
7. Spleen and liver is enlarged

14. Hydrocyanicum acidum

It is useful remedy for terminally ill cases where there is a threatened paralysis of the lung. Hydrocyanicum acidum is also known as Prussic acid. It's one of the deadliest poisons to be potentized in homoeopathy. Inhalation of hydrocyanic acid is toxic and can produce paralysis of the respiratory centre in a matter of minutes.

It is indicated when symptoms happened suddenly and with great severity. It is given in atelectasis when there is extreme degree of dyspnoea associated with the heart irregularities. There may be excessive palpitation of the heart. The patient needs open air for easy respiration; there is a tendency to faint and collapse with little discomfort. Sometimes because of respiratory paralysis there can be convulsions.

The patient is quite dull and semi-stuporous with eyes half open, protruding and pupils dilated, **there is dilatation of alae nasi with slightly bluish tint around the nose, the face looks puffy, the tongue is coated.**

There is spasm in the throat; accompanied by excessive excretion from the subglottic region; the voice is hoarse; the person has got difficulty in breathing like sense of gasping and constriction the throat, larynx and trachea.

The respiration is accelerated when he goes to sleep, he chokes. Or it can be interrupted or stertorous; **one can hear the wheezing.** Irritation in the larynx and trachea produce cough. **There is hardly any cough but if at all there is cough it exhausts the patient.** It's a short and spasmodic cough.

The expectoration is bloody, mucus or yellowish in colour. There is an extreme degree of weakness. **The saturation of the oxygen is very low hence there could be a presence of central cyanosis.** Sometimes atelectasis is complicated with renal failure or with right sided heart failure.

The triads of cyanosis, pulmonary collapse, coldness with suddenness are the strong symptoms that will indicate Hydrocyanicum acidum.

There is a past history or family history of tuberculosis, cancer and emphysema.

The X-ray chest may show pleural effusion.

On Observation:

1. Eyes half open and protruding
2. Pupils dilated
3. **Dilatation of alae nasi with bluish tint around the nose**
4. Face puffy
5. Tongue coated

On Examination:

1. Body icy cold to touch
2. **Cyanosis**
3. Palpitation of the heart
4. Pulse is frequent and full or it could be slow, small and thready.
5. Respiration is gasping, panting, irregular, rattling and stertorous

15. Hyoscyamus Niger

The atelectasis in Hyoscyamus Niger patient can present with difficulty in breathing worse exertion and ascending, but as the condition progresses one will have **severe breathing difficulty during sleep**. It necessitates the patient to sit erect, this difficulty in breathing can turn into gasping, and there can be a sensation of constriction in the throat. **The respiration can be loud, panting, rattling and even stertorous.**

The cough in the beginning is a dry worse eating, drinking, lying down, and talking. **The uvula is quite elongated which can excite the cough. When there is congestion in the lungs the person can have a**

loose rattling cough giving you an impression as if there is an excess of mucus in the larynx and trachea.

Due to atelectasis there may be pain in the right side of the chest.

In majority of the patients cough comes in the night, especially after midnight, in a long paroxysm which is worse during sleep ultimately waking him from the sleep.

The expectoration tastes salty or sour. Mostly it is bloody, greenish and purulent.

Many patients would have suffered from tuberculosis in the past.

When the congestion is quite advanced the patient can have early sign of cyanosis. Consolidation and atelectasis in Hyoscyamus can also be due to septicemia or severe bacterial infection, the most common is typhoid.

The patient in general is **chilly; draft of air** or open air aggravates the patient. Any exertion in general aggravates the patient. Breathing deeply also aggravates the patient.

In terminal stages you can also have pulmonary oedema.

X-ray chest shows consolidation. Consolidation of lung is very common in people who are quite old, debilitated and alcoholic; the pneumonia can also affect the central nervous system inviting stuporous state or delirium.

On Observation:

1. **Chilly patient**
2. Respiration loud and panting

On Examination:

1. Wheezing on chest auscultation

2. **Uvula enlarged**
3. **Cyanosis**
4. **Pulse is frequent, full, and hard or it can be small, slow, soft and intermittent.**

16. Ipecacuanha

Ipecacuanha is a deep acting remedy useful for atelectasis. This herb comes from Rubiaceae family. **The most important symptom is the nausea with profuse salivation and vomiting of large quantity of white glairy mucus without relief.**

This drug has got action on the bronchial mucus membrane and produces excessive secretion and sometimes that secretion itself becomes the cause of atelectasis. Clean or slightly coated tongue is another very important concomitant that you see in this patient.

When you examine the patient you can see that the person is choking, trying to clear his throat constantly or else he will choke. The throat is inflamed and red; there is difficulty in swallowing. **There is sense of constriction around larynx or trachea or a sensation of foreign body inside.** It seems as if there is lot of rattling in the larynx and trachea thereby affecting the voice also and the larynx and trachea can go into severe spasm.

The respiration is accelerated. There is marked difficulty in breathing; this is more in the evening and midnight hours. The more he coughs the more he has difficulty in breathing.

Generally the patient has marked desire for open air. Cold air aggravates many complaints in Ipecacuanha. They have recurrent tendency also to catch cold.

Expectoration gives temporary relief to the patient. **The patient wants all the windows and door open, and lot of open air and he is only better by sitting erect.** Entering a warm room will always aggravate the

breathing. **In the terminal stage there is gasping, with difficulty in breathing accompanied by moaning.**

Cough is choking worse lying in the bed and worse lying on their right side. The cough comes in paroxysms; attacks follow one another quickly and are quite long till it exhausts the patient.

The expectoration is bloody and frothy; it gives a metallic, putrid or sweetish taste.

There may be past or family history of **pulmonary tuberculosis.**

The X-ray shows chronic bronchitis, emphysema or pneumonia. Pneumonias are extremely common in Ipecacuanha.

On Observation:

1. Respiration accelerated and gasping
2. **Wants all the windows and doors open**
3. **Clearing his throat frequently**
4. Profuse salivation
5. **Clean tongue**

On Examination:

1. Throat red and inflamed
2. Pulse **small**, soft and **weak**

17. Kalium carbonicum

Kalium carbonicum comes into picture in a **late stage**. The atelectasis develops gradually but the case that you will be treating with Kalium carbonicum is really **serious** and **critical**. You will not be satisfied with the progress of the case so far and hence you are thinking for remedy that will really go deep within and remove the atelectasis. By this time the patient

that you will see in Kalium carbonicum is **totally exhausted** with the **prolonged suffering**.

He looks pale, flabby, washed out, somewhat **haggard**, and exhausted like Carbo vegetabilis or Laurocerasus. There is a puffy look of the face, the patient is always little anxious, worried and frightened, what will happen to me??? And this may produce fine tremors or facial twitching or the twitching of the hands and fingers. He may become little delirious due to prolonged suffering and low grade sepsis and in this delirium he may **pick at the bed clothes**.

There can be some degree of stupor. **The patient strongly dislikes to be left alone, he becomes quite worried and scared and that's why he needs company**. They are very irritable, they get annoyed very easily and they are easily disturbed by slightest noise.

The lips tend to be **cyanotic, dry and cracked**. The tongue is dry, red, dirty or white coating. **The mouth and the throat may be dry but they do not need much water, at the most the sip of water is enough for them**.

They may complain of lump like sensation in the throat. When you examine the throat you will see tenacious mucus. The swallowing may be difficult. **The throat is sensitive to any clothing or tightness**.

There is a past history of goiter, thyroid disorder, diabetes or hypertension. The cervical gland will be swollen; the thyroid gland will be enlarged. The voice will be hoarse and rough.

The respiration tends to be **arrested** during **sleep**. They have difficulty in breathing when they lie down or when they falling asleep but they are always better by sitting up or sitting erect or sitting on a head and knees position or on elbows and knees position. **Usually the problem in breathing comes in early morning hours between 2 a.m. and 3 a.m. or 3 a.m. and 4 a.m. This is accompanied by excessive perspiration, severe cough and vertigo**. Sometimes you may also get gastric concomitants like **flatulence** and **eructations**. They need open air but at the same time they are strongly affected by the cold open air. **Any act of eating, drinking,**

exertion, motion and walking will only aggravate the respiratory suffering. Breathing deep will definitely aggravate the complaint.

The respiration in terminal stage will be quite rattling and slow. **They tend to suffer from severe heart complication due to atelectasis and that's the reason why they may also invite a right ventricular failure.**

The cough that accompanies atelectasis usually comes in the midnight and is worse by cold air and cold drinks. It is constant and it exhausts the patient. Sometimes the cough may be quite loose but the expectoration is difficult; sometimes the expectoration is forcible and flies out of the mouth but in majority of the time it is **difficult and purulent**, greasy or putrid in taste.

The inflammation in the lungs and atelectasis usually come from aspiration of food particles or from gram negative septicemia or in infants and who had a very difficult labor and they pick up some infection in the hospital. Usually the right lower lung is affected and they complain of **severe pleuritic stitching pain before atelectasis on the right side which is worse on inspiration and lying on painless side and better by lying on painful side, rising from the sitting position.**

You may see anemia and presence of **cold perspiration** all over the body. They have **tendency to catch recurrent cold.**

On Observation:

1. **Cold perspiration**
2. Dryness of mouth
3. Face looks pale and puffy
4. **Facial expression anxious and worried**

On Examination:

1. Anemia
2. Cervical and thyroid glands enlarged

3. Hypertension
4. Pulse is frequent, full and intermittent.

18. Kalium sulphuricum

Kalium sulphuricum is deep acting drug; the best description of Kalium sulphuricum is given by Dr. J. H. Allen in Chronic Miasm where he describes how sycotic this remedy can be. As you know consolidation pathologically belongs to sycotic miasm where there is lot of secretion and then solidification with loss of function of the lung.

It is a useful remedy in the later stages of atelectasis. **What one has to observe is the excess of secretion in the lungs, the rattling respiration, the deadly rales, pulmonary oedema on the X-ray chest and cyanosis. The bubbling and audible rales are the key symptoms in the indications of Kalium sulphuricum.**

There is a sense of choking felt in throat and chest. There is excess of mucus that hangs in throat from posterior nares when you examine, also there is presence of mucus even in the larynx and trachea. **When you aspirate the patient from the subglottic area you will see that he requires frequent aspiration.** Respiration is difficult on lying down, patient gets choked when he attempt to lie down but he is better in cold open air. The rattling becomes more when he attempts to go to sleep.

The cough is barking and may sound loose but without any expectoration. Patient tries hard to expectorate but very little greenish, yellowish, bloody and grayish matter comes out which is offensive in odour. Many times the expectoration slips back into the respiratory tract or the patient has to swallow it.

Kalium sulphuricum is useful for atelectasis of lungs that are immuno-compromised like patients on organ transplant, aids, collagen disorder etc.

There is a pain in the right side of the chest due to atelectasis in the right lung; the pain is worse coughing, lying on painful side, night or after

midnight.

There may be past or family history of cancer.

On Observation:

1. Cyanosis
2. **Mucus in the throat**
3. **Respiration rattling**

On Examination:

1. Audible rales
2. Pulse slow, **small** and irregular.

19. Lachesis muta

Lachesis muta is a remedy which is full of sepsis, atelectasis in this remedy is due to excess of sepsis in the lungs very similar to Pyrogenium and Baptisia tinctoria. **Cases of atelectasis of Lachesis muta comes in the early spring or in the late winter when the temperature is slowly getting warmer but yet winter is still persisting.**

The patient looks extremely toxic, semi-stuperous, puffy, cyanotic with swollen lips. The speech is thick, cannot finish a sentence properly. The area around the throat is sensitive to touch. **Many times they are semiconscious with coldness of the breath, face, nose, feet and hands.** There is constant moaning; **the left ventricular ejection fraction is very weak and they may need mechanical ventricular support,** the respiration is **intermittent, rattling, slow and stertorous.**

They can be delirious with eyes open some what similar to coma vigil. **There is lot of loquacity;** they will talk about religion or what has happened in the past. It is **slow muttering delirium.**

The tongue is red, brown, dry and **swollen**. The saliva is sticky with dry mouth, **great desire to expectorate the sticky saliva but if he tries to cough it off he suffocates**. There is difficulty in breathing worse **lying down and sleep during**.

They suddenly wake up from the sleep with the most **distressing suffocation** or coughing, with cough they have a violent headache. **During coughing all the blood in the body rushes to the head and the head becomes hot**. The hands and feet are icy cold.

During atelectasis they may have a sense of congestion and oppression in the chest just behind the sternum. **The choking sensation is accompanied by a feeling of tightness around the throat and they cannot bear to have the blankets up around the neck or they feel that they would strangle if they try to do it**. They cannot bear any pressure on the chest and hence they cannot take any bedsheets or blankets on the chest. **They also complain of stabbing, shooting, sharp pain on the left side of the chest which is only relieved by firm pressure**.

The sputum is scanty, lumpy, frothy, grayish or greenish. It usually tastes like a putrid meat, salty or sour.

The cough is aggravated by being touched around the neck, larynx or respiratory tract and is also aggravated by going to sleep. Coughing makes the patient sit up because lying in the bed aggravates the cough.

Atelectasis in Lachesis frequently turns into empyema and later into gangrene of the lung this is especially true in old people or people who are immune-compromised. **Another frequent complication that you will see in Lachesis is early signs of congestive cardiac failure**.

The following organisms are responsible for pneumonia in Lachesis e.g. klebsiella, staphylococcal and other gram negative bacteria, also neglected pneumonia which has turns into atelectasis. Many times atelectasis after pneumonia complicates and produces the cerebral symptoms.

They are hot patient and hence every degree warm or warm stuffy room aggravates them.

Like any other snake venoms you will see cardiac distress characterised by severe pain when lying down esp. on left side. **They also complain of tightness and constriction in the chest mostly in the upper part of the chest, they are totally intolerant of any weight or pressure of any bed-clothes or any tight clothing around the upper part of the chest and neck.**

Many times you will see fine tremors and the hands are shaky.

There may be past or family history of aneurysm, myocardial infarction, kidney diseases, diabetes, hypertension and cancer.

E.C.G. shows **hypertrophy, irregular rhythm**; 2D echo shows lowered left ventricular ejection fraction.

Chest X-ray shows **pulmonary oedema or emphysema.**

On Observation:

1. **Coldness of breath, nose, face, hand and feet**
2. Constant moaning
3. Delirium
4. Difficult speech
5. Dryness of mouth
6. **Face puffy** and intoxicated
7. Lips swollen

On Examination:

1. On cardiovascular system examination you will find weak heart sounds and poor ejection fraction.
2. Pulse irregular

20. Lobelia inflata

Lobelia inflata is an Indian tobacco which comes from Lobeliaceae family. **In atelectasis of lobelia you will see dyspnoea that leads to severe suffocation.** The person is unable to breathe because of the severe constriction and spasm of the throat and larynx.

There is a constant sensation of the lump in the throat which does not allow the patient to swallow water or food comfortably. There is constant irritation in the upper respiratory tract and larynx which produces cough.

There is difficulty in breathing that is worse from warm food, warm room and cold air. **Patient has an irresistible desire to take deep breath.** Slow gentle motion does not affect the breathing but the rapid motion always affects the breathing. Any warm food produces respiratory discomfort. Lying down affects the respiration. **The respiration is slow and rattling.**

There is constant deep cough which exhausts the patient; this is due to irritation of the respiratory tract.

The expectoration is difficult but ropy, stringy and profuse. **There is sensation of severe constriction at the site of atelectasis like a band on the chest.**

The cause of the atelectasis is usually gram negative septicemia producing pneumonia especially in young children; I have rarely seen atelactasis due to the congenital cyanotic heart disease or valvular heart disease.

There can be a past or family history of cancer and tuberculosis. Cold air cold bathing aggravates the patient.

There may be a history of excessive smoking or tobacco chewing.

On Observation:

1. Cyanosis

On Examination:

1. The pulse is frequent, intermittent and small.

21. Lycopodium clavatum

It is a deep acting remedy and can easily cure atelectasis even if it is chronic. Lycopodium follows Kalium carbonicum well; their symptoms are very close to each other. **The atelectasis in Lycopodium develops very gradually.** In the beginning of the illness the patient was quite active and cheerful but now because of the prolong illness he is getting tired, fiery, worried about the condition and little frightened so we see a frown on the forehead which is characteristic of Lycopodium.

The lips tend to be cyanosed. The face appears dusky. Physically they are quite torpid and sluggish. Sometimes they become irritable with those trying to help them. **Their emotional state is extremely irritable at the time when they wake up and they are in the bad mood in the morning after waking.**

The nose is **pinched**; there is **flapping of the alae nasi**. There will be twitching of the facial muscles. You may see **yellow discoloration of teeth**; tongue is coated. They may complain of choking sensation in the throat. **There will be gurgling sound in the larynx and trachea during sleep.**

In Lycopodium you get strong family history or past history of cancer, diabetes, hypertension and tuberculosis. **The cervical glands will be indurated, knotted like a cord, painful and swollen.** You may see goitre around the throat.

There is marked irritation in the larynx and trachea. The voice is hoarse and husky or low and sometimes very weak and toneless.

The respiration is difficult, short, panting and labored. They complain of tightness in the chest or constriction.

The patient becomes more and more breathless as the water collects in the pleural cavity. Sometimes the patient wakes up from the sleep choking. **The respiratory complaints are associated with gastric concomitants like flatus and sometimes patient may get a good relief in respiratory problems by passing a large amount of flatus.**

The breathing is worse on inspiration, motion, lying on left side, in the night during the sleep. There is rattling especially in old people. In advance condition you may see a stertorous breathing.

The cough is paroxysmal, violent, constant, forcible, spasmodic and with lot of rawness in the chest after coughing. Worse lying down; **lying on the left side.**

The expectoration in Lycopodium is blood stained, yellowish grey, scanty, tough and difficult to raise; the expectoration tastes **salty**. Patient complains that in general they are quite chilly and are sensitive to cold, at the same time they dislike a stuffy room where there is very little sweating and the skin may be slightly moist but definitely there is no sweat.

As a rule Lycopodium patients are **uncomfortable if they are lying on back**; their breathing becomes much more labored and they feel distressed; they are much better sitting up. **Many times what I have seen in many Lycopodium patient is that they sleep with their eyes half open and they have a restless kind of sleep and often dream of fatal accidents.**

There is marked periodicity in respiratory illness, between 4 to 8 p.m.; during this time patient may get a high temperature respiratory distress and increase amount of cough.

I have experienced that Lycopodium usually responds very fast and well if given in a higher potency repeatedly.

Chest X-ray shows pleural effusion and consolidation on the **right lower lung.**

On Observation:

1. **Flapping of the alae nasi.**
2. Hoarseness of voice
3. **Lips cyanosed**
4. **Nose is pinched**
5. Tongue coated.
6. **Twitching of the facial muscles.**
7. Yellow discoloration of teeth

On Examination:

1. Yellow tenacious mucus in the throat
2. Pulse is frequent, full, hard, strong, intermittent and weak.

22. Myrtus cheken

Myrtus cheken is a useful remedy for atelectasis when there is **copious expectoration with a distressing cough.**

The expectoration is **yellow** but very difficult to detach from the lungs. There is past history of **bronchiectasis** or repeated pneumonias.

Atelectasis is due to setic pneumonia due to gram negative bacteria, the patient is weak and feeble.

On Observation:

1. Weak and debilitated patient

On Examination:

1. **Yellow mucus in the throat which is difficult to expel.**

23. Nitricum acidum

Nitricum acidum does not come up frequently in cases of atelectasis but it can be used at certain stage of atelectasis especially in the beginning.

To begin with there is inflammation in the lungs has come down from the throat or the nasopharynx hence you may find some degree of inflammation in the pharynx. **The patient keeps on hawking up cheesy lumps.** The lymph nodes around the neck are inflamed and swollen. **The throat is extremely sensitive to touch;** you may see some **ulcers** in the oral cavity.

There may be a past or family history of cancer, warts, condylomata, diabetes, goiter or presence of goitre.

Rattling sound in the larynx and trachea. **The voice is hoarse especially in the morning, after cough and after talking.** As soon as the person makes an attempt to cough the respiration starts getting arrested or if he starts walking, ascending the stairs or take any exertion there is marked breathlessness. This breathlessness can come after any manual labor like Lachesis. **The respiration can be rattling and panting, and in terminal stages it is stertorous.**

They tend to have a dry, hacking, spasmodic cough after midnight and during sleep that is worse lying in the bed, worse motion.

The expectoration is bloody or dirty looking but scanty. It tastes salty, sour or putrid.

There may be an **early dropsy in the pleural cavity.**

They are **chilly** people and hence cold air or draft of air aggravates. They look quite emaciated frequently have history of new growth or cancer like sarcoma, myeloma or aids.

Nitricum acidum patients have tendency to form empyema in the pleural cavity. The atelectasis is commonly seen in old people, immuno compromised and neglected cases. I have cured some neglected atelectasis in old people with Nitricum acidum where there were strong clinical indications of the remedy.

Another important symptom is the stitching pain in the right side of the chest worse inspiration that extends to the back.

The X-ray may show the presence of **emphysema**.

On Observation:

1. **Respiration rattling and panting**
2. Cervical lymph nodes are swollen

On Examination:

1. Wheezing on chest auscultation.
2. Pulse is frequent, intermittent and irregular.

24. Opium

Opium is a deep acting remedy from Papaveraceae family. It should be thought of in atelectasis when there is the **want of susceptibility** or when there is **lack of vital reaction** or when the well chosen remedy makes no impression. Remedy similar to this situation is *Laurocerasus*.

Opium is indicated when the atelectasis complicates with **threatening respiratory paralysis** where in patient goes gradually into a delirium, constantly talking with **eyes wide open, face red or pale and puffy, eyes glassy or half closed**, gradually the patient slips into deep stuporous stage.

Many times the patient has a feeling as if he is not at home like *Bryonia* and this thought runs in his mind constantly. There is stertorous breathing with red face, eyes half closed and hot perspiration. **Severe constipation commonly accompanies atelactasis.**

The nose is pinched. **There is rattling sound that comes from larynx and trachea.** The respiration is accelerated, stertorous or puffing gets arrested on attempting to cough or as soon as the patient makes an

attempt to sleep, he wakes up from the sleep quite choking and gasping for the air. **Keeping the mouth open usually ameliorates the person.**

There is cough which is worse eating, in the night. The expectoration is purulent and thick.

Opium atelectasis is commonly seen in old people and young children complicated with tubercular pneumonia especially who consume lots of alcohol. The patient is a hot patient and that's why there is marked amelioration in open air in general.

In the very stage you will see Cheyne-Stokes respiration.

There may be a family or past history of cancer.

There may be cyanosis, the oxygen saturation is quite low and the person may need oxygen therapy.

The X-ray chest may show pulmonary oedema along with consolidation.

On Observation:

1. Respiration accelerated
2. Nose pinched
3. Cyanosis
4. **Delirium**
5. **Eyes half closed**
6. Face looks pale and puffy

On Examination:

1. On auscultation there is wheeze
2. Pulse is frequent, full, hard, **slow**, small and soft.

25. Sambucus nigra

Sambucus nigra is a short acting and a superficial drug, it can help you to palliate the atelectasis or collapse but it will not really cure. This remedy needs complimentary remedies like **Opium, Lachesis or Sulphur** to finish the cure.

Patients who need this remedy are infants or neonates who suffer from excessive secretion that has blocked the small alveoli and the bronchi.

On examination you will see **thick tough mucus** coming from the nose and the throat. **There is a constant snuffling.** With every cough there is a spasm in the throat or larynx.

Introducing an intubation tube in the nasal passage or in the subglottic area will bring out lot of aspiration. There is rattling in the throat, trachea and larynx.

The cry is hoarse and rough. **The respiration is arrested when the child coughs or in the sleep. During midnight there the child wakes up due to sudden suffocation.** There can a fever due to secondary infection, with is fever the respiration becomes difficult and accelerated.

The whole phenomenon in Sambucus nigra can start after a fright and that's why it's close proximity to a remedy Opium.

The spasm in the bronchus is easily **audible**; the respiration is loud; the child will be panting. On examination there will be wheezing and rhonchi.

With the cough the child goes into convulsions, it's a constant cough which is hard and hoarse; worse **lying in bed, lying head low and during sleep.**

The expectoration is usually scanty but **gelatinous, sticky and thick.**

In the terminal stages the lung totally fails to expand. There is a past history of **tuberculosis** in the family.

Cold air, cold draft, cold wind will aggravate most of the symptoms. **Due to congestion in the lungs there can be secondary congestion in the heart producing cardiac symptoms like cardiac dropsy.**

Children who need Sambucus nigra are usually **thin** and **emaciated**.

Sambucus nigra has been used quite a lot not only in atelectasis but it has been used as an effective remedy for bronchitis when there is lot of catarrh and mucus in the air passages which makes the person totally suffocate; the expectoration is impossible or difficult and most of the symptoms come at midnight.

The useful concomitant in Sambucus nigra which I have repeatedly verified is the profuse perspiration. In children the most important symptom that I have verified at the level of mind is that they are easily frightened and due to the effect of fright there can be severe suffocative attack in the respiratory system. The face usually turns cyanotic or blue while coughing. **The child cannot expire like Mephitis. The feet are icy cold to touch.**

You many times need Opium to finish of the action of Sambucus nigra.

On Observation:

1. Respiration accelerated and audible
2. **Constant snuffling**
3. Mucus coming from the nose and the throat
4. **Face becomes blue while coughing**

On Examination:

1. Excessive wheezing
2. **The pulse is full, slow, small and weak.**

26. Senega

Senega is a small acting remedy but very useful in **people who are old, invalid, weak and who just cannot bring out the secretion from the respiratory passage.** You will see that there will be **lot of catarrh in the throat which chokes the patient.** This is accompanied by constriction in the throat; **the person constantly tries to hawk up the secretion but is unable to do so.**

On examination you will see inflammation of uvula and pharynx. The mucus will be **grayish and tenacious.** Most of the symptoms are aggravated in the morning. Draft of the cold air will aggravate the complaints.

Past and family history of **tuberculosis** is important. The voice is usually **hoarse, changeable and rough.** Going into an open air will aggravate the complaints but bending backward will relieve the patient from dyspnoea. **Lying down or walking will aggravate the complaints but sitting erect will relieve the patient like Kalium carbonicum, Lachesis or Lycopodium.**

There is a lot of irritation in the respiratory passage that invites cough, the cough is worse in cold air, motion, lying in the bed, lying on the sides. The cough is short and rattling.

Expectoration is copious, grayish, tenacious, thick and white. There may be presence of **emphysema, pulmonary oedema and right ventricular failure** associated with this condition. **History of pneumonia, bronchopneumonia, lobar pneumonia, aspiration pneumonia and pneumonia due to bronchiectasis is very common.** Secondary infection by klebsiella or other gram negative bacilli in a collapsed lung is very commonly seen. Atelectasis develops frequently in a tuberculous diathesis.

The patient is worse **in open air and cold air.** They have a tendency to develop dropsy on dependant parts.

Senega is a superficially acting remedy and hence it needs support of other remedies like Causticum, Phosphorus or Calcarea carbonica to

complete its action.

On Observation:

1. **Constant hawking due to excessive mucus in the throat**
2. Voice is hoarse.

On Examination:

1. Dropsy of dependant parts.
2. Inflammation of uvula and pharynx.
3. The pulse is irregular, small, weak and wiry.

27. Solaninum aceticum

This is a small and useful remedy for atelectasis. I have learnt a lot about this remedy by reading Dr. Margret Tyler's article on this remedy.

Dr. Margret Tyler used this remedy extensively at Royal Homoeopathic Children Hospital London when she was working as a physician over there. **In this remedy you will have excessive congestion of mucus in trachea, bronchus and subglottic region.** There is effusion in the pleural cavity and in late stages pulmonary oedema.

Atelectasis in this remedy is indicated in old people who remain sick with recurrent gram negative septiciemia.

I have seen many infants suffering from consolidation due to klebsiella infection and later on developing atelectasis.

It is difficult for the patient to raise the sputum; the grand concomitant is the presence of albumin in the urine.

Dr. Hughes was successful in using this remedy in his patients who had a history of **diabetes** and subsequently developing respiratory problems.

On Observation:

1. Excessive mucus in the throat, trachea, bronchus.

On Examination:

1. Rhales at the base of the lung

28. Spongia tosta

Spongia tosta is a deep acting remedy. In Spongia you will see a chronic picture of atelectasis where the lung fails to expand or it collapses after expansion.

There is an obstruction deep down in the respiratory tree that affects free circulation of air within the lungs that leads to fan like motion of the alae nasi. There is a sensation of choking in the throat due to mucus from the posterior nares, pharynx or larynx. As soon as the person tries to sleep he chokes. **There is a constant sensation of a foreign body within the throat and that needs to be removed in that desperation the person keeps on hawking and hawking but nothing much comes out.** The mucus from the throat is difficult to detach similar to Alumina.

Sometimes the atelectasis in Spongia is due to cancerous growth which is compressing on trachea, bronchus, and bronchioles. **Also there can be atelectasis due to large tumour of the thyroid gland which compresses the trachea.**

There is rattling noise in the larynx and trachea because of excessive mucus. Swallowing becomes difficult due to strong constriction in the neck and throat. **The recurrent laryngeal nerve is also affected leading to hoarseness of the voice.** Voice is hoarse, deep, indistinct, toneless and rough.

The respiration is accelerated especially after midnight or as soon as he goes to sleep. Having warm food and warm drinks ameliorates

the breathing difficulty. There are attacks of suffocation on exertion and motion; patient needs to sit erect or bend forwards, with this respiratory discomfort there is severe palpitations. **Lying on the right side with the head high is the best comfortable position for the Spongia patient.** In the terminal stages the respiration can be quite stertorous and superficial.

The cough is hoarse, asthmatic, hollow and loose. Lying on the back with the head low aggravates the cough. There is irritation in the larynx and trachea which excites the cough. **Cough comes as midnight approaches.**

The expectoration is green, copious, and grayish; it is salty and sour in taste.

Any form of tight clothing around the chest aggravates the person.

Heart is usually affected in Spongia where the endocardium gets inflamed, leading to cardiac **murmurs.**

Patient is a hot in general and needs fresh air. They have strong desire to be in open air; cold air ameliorates; at the same time exposure to cold breeze invites respiratory problems.

Past history or family history of **tuberculosis, goiter, ischemic heart disease** is very useful information to prescribe Spongia.

X-ray chest shows changes of chronic obstructive pulmonary disease or **emphysema**; and **consolidation** of the lungs, cardiac hypertrophy, and prominent aortic knuckle.

ECG may show **hypertrophy of the heart.**

On Observation:

1. **Fan like motion of the alae nasi**
2. **Hoarseness of the voice**
3. **Respiration accelerated and whistling**

On Examination:

1. On auscultation there are rhonchi; cardiac murmurs.
2. **Pulmonary oedema**
3. Pulse is full, hard and strong. In terminal stages the pulse can be extremely weak.

29. Stannum metallicum

It is deep acting **tubercular** remedy. **The most important thing in this remedy is extreme exhaustion of mind and body. There is weakness in the chest from talking, laughing, reading aloud, and singing.** The weakness is so much that the person cannot utter few words.

The cough is deep, hollow, shattering, strangling and comes in paroxysms worse lying on sides especially right, talking, walking, motion, before midnight, and alcohol.

The expectoration is profuse like white of an egg; sweetish, saltish, sour, putrid or musty in taste. The colour will be yellowish or greenish pus like. The voice is deep and husky or hollow and it is **temporarily relieved by coughing or expectorating the mucus.**

There can be a history of cancer Tuberculosis, Non-Hodgkin Lymphoma, Lymphoma, and Acute lymphoblastic leukemia. The cervical glands are swollen. There is presence of excessive mucus in the larynx and trachea.

Respiration is accelerated and difficult; worse night, after midnight especially between 4 a.m. and 5 a.m.; slightest exertion even talking few words and walking few steps will increase the difficulty in breathing.

The cough is worse by talking, breathing deeply and better by expectoration. It comes in paroxysms of either two or three.

The expectoration is copious, globular, greenish and purulent. There is presence of constriction around the chest. **There may be an associated pulmonary effusion or empyema in the pleural cavity.**

Stannum metallicum usually is indicated in late stages or cases that linger on for long time. There is a pain on the sides of the chest especially the left side which is worse coughing; inspiring deep and walking.

Over all patient is chilly hence any draft of cold air, open air will always aggravate the patient. The patient has lost tremendous weight during the sickness.

On Observation:

1. **Sensitive to clothing around the neck, chest and abdomen**
2. Excessive mucus in the larynx and trachea

On Examination:

1. Panting and rattling with bilateral wheeze
2. Cervical glands swollen.
3. Pulse is frequent, small and weak

30. Strychninum phosphoricum

It is useful in atelectasis in people who are weak and debilitated, immune-compromised and anemic. **The feet and hands are cold and clammy and there is cold perspiration in the axillae.**

Strong craving for cold drinks is present.

Breathless and difficulty in breathing worse motion

Atelectasis in Strychninum phos is primarily due to the affection of the heart where the heart is either suffering from cardiomyopathy or

fatty degeneration or severe inflammation; hence atelectasis is always secondary to the heart disease.

ECG shows enlargement of ventricles

2D echo shows poor ejection fraction

On Observation:

1. Patient is weak and debilitated
2. **Coldness of the extremities**

On Examination:

1. The pulse is irregular, rapid and weak.

31. Sulphur

Sulphur is usually the first remedy in atelectasis; it usually comes in the late or terminal stage where the atelectasis has been neglected, it is going around for a very long time, or the problem is not getting resolved, **there is lack of vitality in the case, these are the situations where sulphur is indicated.**

What are we actually looking for in sulphur atelectasis? Infants, small children; old looking or old people who are victim of pneumonia from gram negative septicemia, bronchiectasis, post viral syndrome, or post typhoid syndrome. **Atelectasis in sulphur goes to cerebral form producing great degree of stupor or semiconsciousness.**

One may also see atelectasis in sulphur complicated with coronary artery disease or in congestive cardiac failure **whereby you will see signs of cardiac dropsy, congested jugular veins and enlarged tender liver.** Sulphur attacks the left lung, the left upper or lower lobe but it also frequently affects the right side of the lung. Even though Sulphur is a chronic remedy and useful for a chronic atelectasis I have seen Sulphur

equally useful in acute situation. It all depends on what symptomatology the person presents with.

The most striking thing about Sulphur is the lack of symptoms; here one should take advantage of general symptoms of sulphur.

Sulphur can also be prescribed as an intercurrent remedy when a given remedy acts to a certain point and beyond this it does not help e.g. the temperature has come down, the cough has reduced, the physical signs are improving but they are improving according to your satisfaction and this is when you should interpose Sulphur.

We all know from our materia medica that the orifice of Sulphur patients are bright red but the most important thing is the **dirty looking dusky appearance, the ears are little red and there is a mild degree of blepharitis in the patient.** The patient is extremely ill and low spirited and suffers from an **intense feeling of oppression in the chest** which they convey to the doctor **as if there is tons of heavy metal on their chest.**

Hot flushes that can come very suddenly; in the hands, feet and head along with this flushes you will also see some degree of chilliness.

There is an annoying cough in Sulphur. The cough is more in the **night** and when they wake up in the morning. There is a **constant irritation in the larynx**, it disturbs the sleep also. **Cold wet air aggravates and becoming cold or getting the feet or arms or the hands cold always aggravates the cough.** It's a dry hacking cough worse in **open air and lying down.** The voice is hoarse, deep and rough but in advance stages it can become toneless.

The expectoration is **easy, copious, frothy, and mucus.** It does not have any typical taste but many times **I have seen and verified that the taste of Sulphur expectoration is like a spoiled egg, putrid to taste.** Because of the associated pleuritis patient gets severe pain in the sides of the chest worse on inspiration and by lying on chest and many times it extends to the back, scapula and sometimes even to the throat. **Whenever the patient makes an attempt to cough he gets severe pain in the chest.**

They usually complain of a dry mouth with an offensive odor. **The tongue is thickly coated dirty.** There is always **intense thirst.** Sulphur patients like Lycopodium always wake up with an acute distress, either they wake up coughing or they wake up with a severe pain in the chest. **They get tired and exhausted very fast and they want to sleep but when they lie down in the bed they want plenty of air around them.** There is an acute distress for air what we call as air hunger; they want as much air as possible to breathe from the atmosphere and they feel uncomfortable if the room is poorly ventilated.

The respiration is accelerated and gets arrested during sleep. In terminal stages the respiration is **stertorous.** Any exertion definitely aggravates the patient. Patient does not want any tight clothing around the neck, chest, and throat. **He wants to be fanned and needs lot of fresh air.** His respiratory discomfort is always better by sitting and sitting bent forwards.

Majority of Sulphur patient have got aggravation at **5 a.m.** but sometimes they also have aggravation at **11 a.m.** **Sulphur patients are very hot and their sweat is offensive.**

Some other concomitants like burning sensation, heat on the vertex, sensitivity to the atmospheric changes, cannot wait for the food and **drowsy during the day but wakeful at night,** may help the doctor to select Sulphur.

There may be a past or family history of diabetes, hypertension, bronchial asthma, chronic obstructive pulmonary disease, pulmonary tuberculosis and cancer. **Sulphur is useful for atelectasis due to cancer of bronchus.**

On Observation:

1. Constant irritation in the throat
2. **Flushes in the hands, feet and head**
3. Respiration is accelerated
4. Voice hoarse

On Examination:

1. Cervical lymph nodes are swollen, enlarged and painful
2. Enlargement of thyroid gland in the form of a goitre
3. On auscultation there is wheezing and multiple rales all over the chest
4. **Pulse is frequent, full and hard or it could intermittent, irregular and small.**

32. Veratrum viride

Veratrum viride has a clear cut picture and if you get the indications right this remedy can help you cure atelectasis. It comes very close to Phosphorus. What is most important in Veratrum viride will be the history of temperature. **Veratrum viride patients usually have very high degree of temperature like 105° F or 106° F. you will see an extreme degree of congestion in different parts of the body and this is more focused on the face.** The patient looks little more **livid** and there is a sense of **intense pulsation**, this is the key note symptom; the patient feels that the **heart is pounding through the chest wall**, and the **pulse is full and bounding** and you will very often get an impression that Veratrum viride **face is rather bloated and swollen looking.**

You may come across delirium many times in Veratrum viride atelectasis and the most important delirium is slow muttering, it can be little violent. **More the sepsis more the infection worse is the delirium. The pupils will be dilated with this kind of delirium.** And here you mistake Belladonna with Veratrum viride but the most important differentiation is that Belladonna is quite dry while in Veratrum viride with delirium and high fever you will see lot of perspiration around the face; the person is drenched with perspiration. **They are extremely thirsty patients and often thirst is accompanied by slight nausea. But whenever you give them water they always complain that the water is little sweet, this unusual sweet taste in their mouth is a very important guiding symptom in Veratrum viride.**

Tongue is another diagnostic factor in *Veratrum viride* either it is **thick yellowish coating** or sometimes you may see a red streak down the centre of the tongue. Another thing which I have repeatedly verified in *Veratrum viride* is the aggravation from sitting up, they feel quite giddy and sick like *Bryonia* whenever they make any attempt to sit up.

You may see **pulsation of the carotid arteries with the high fever**. The respiration is difficult and panting but in terminal cases you will see it is slow.

The cough is hacking and spasmodic. There may be history of aneurysm of aorta or cerebral arteries, hypertension and angina pectoris.

The X-ray chest may show **hypertrophy of the heart** or **pulmonary oedema**.

ECG shows hypertrophy of the ventricles.

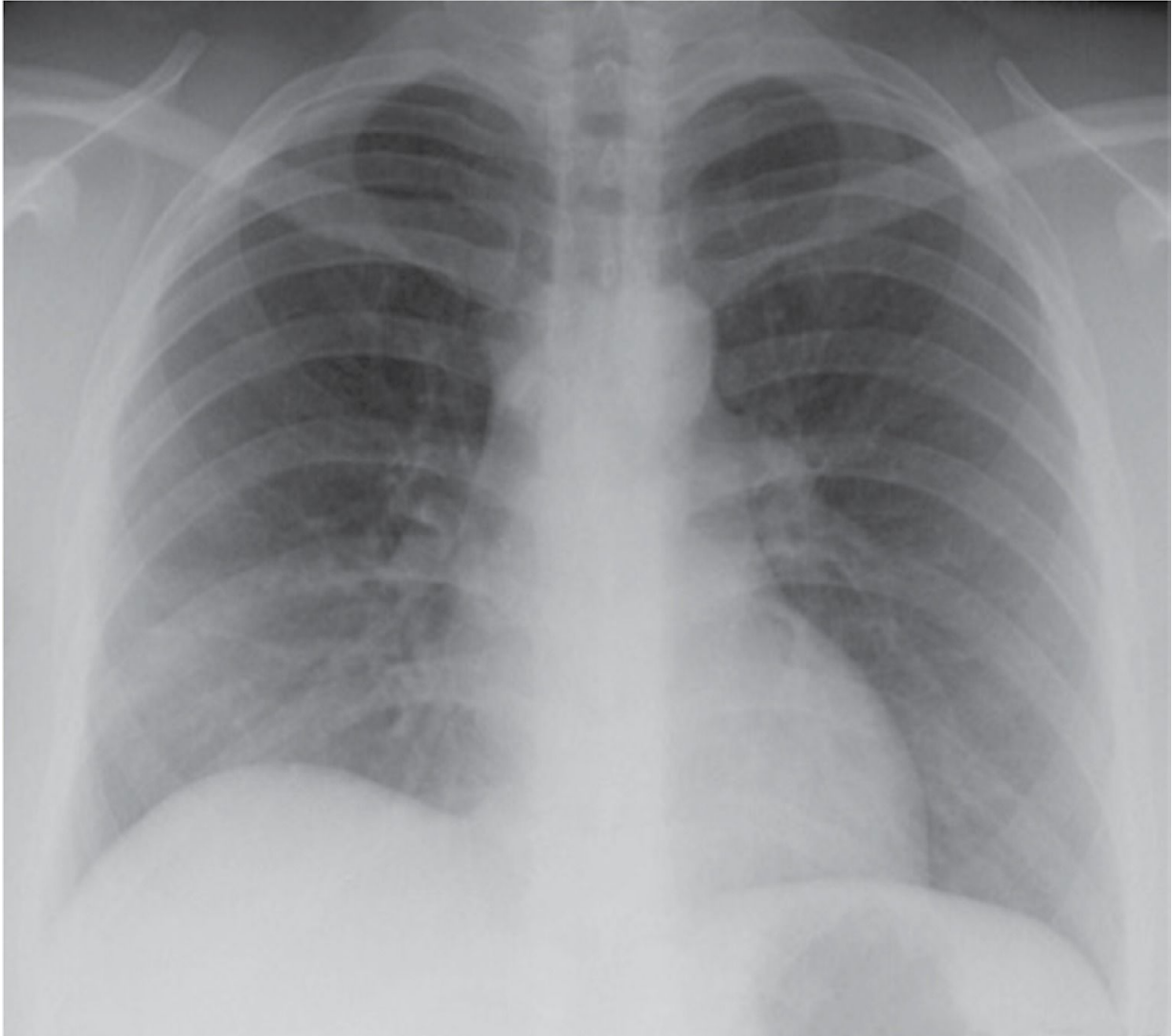
The patient in general is hot and hence he needs lot of open air or little cold air in the room. In advance cases you may see **collapse**. The white blood cells are abnormally high because of sepsis.

On Observation:

1. **Face bloated and swollen**
2. **Muttering delirium**
3. Perspiration around the face
4. **Pulsation of the carotid artery**
5. Pupils dilated
6. Respiration panting
7. Yellow coating tongue

On Examination:

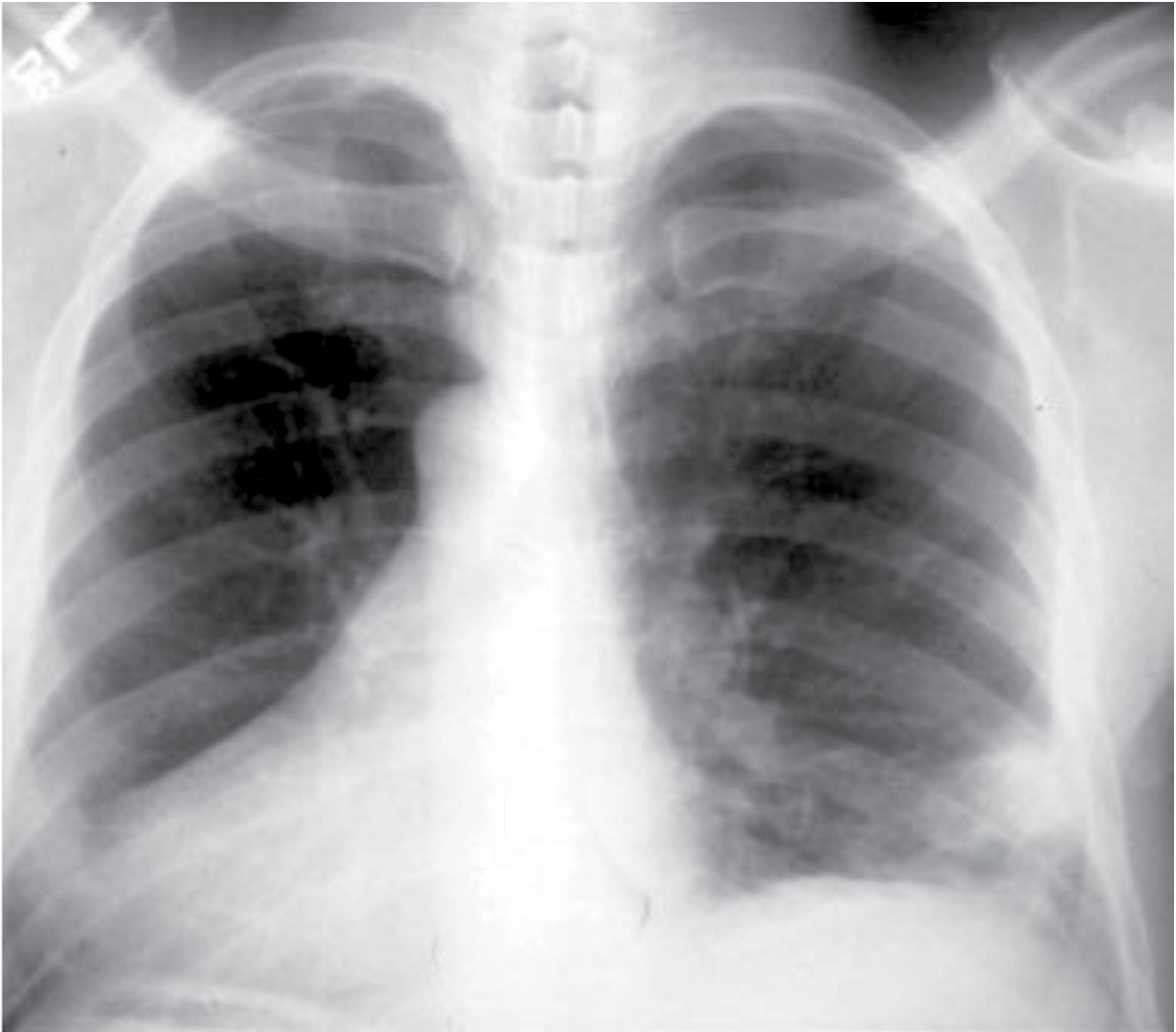
1. **Pulse is frequent, hard, heavy, strong and tensed.**



Calcareo carbonica

1. A case of atelectasis in the middle lobe of the right lung
2. Difficulty in respiration is accompanied by severe bouts of coughing
3. Respiration difficult during sleep; and after eating; and on exertion
4. Expectoration ameliorates the difficulty in respiration
5. Rattling respiration which is worse by lying down
6. Any draft of cold air aggravates the cough
7. Constant tickling in the throat pit
8. Cough is worse during sleep

9. Gets up in the night due to coughing



Hyoscyamus niger

1. A case of bibasilar atelectasis due to pneumonia
2. Respiration impeded, obstructed, or panting
3. Respiration worse during cough; and during sleep
4. Cough due to constant irritation in the larynx and trachea
5. Lying down in the bed produces cough; has to sit up
6. Paroxysmal cough after midnight
7. Wakes up from the sleep due to cough

PNEUMONIA

It is characterized by inflammation of lung parenchyma (alveolar) with abnormal alveolar filling with fluid (consolidation and exudation).

Bronchopneumonia or bronchial pneumonia or “Bronchogenic pneumonia” (not to be confused with lobar pneumonia) is the acute inflammation of the walls of the bronchioles. It is a type of pneumonia characterized by multiple foci of isolated, acute consolidation, affecting one or more pulmonary lobules.

It is one of two types of bacterial pneumonia as classified by gross anatomic distribution of consolidation (solidification), the other being lobar pneumonia.

Types of pneumonia

Bacterial Pneumonia

1. Most pneumonia is caused by bacteria or a virus. Pneumonia from any cause can occur at any age, but people in certain age groups are at higher risk for certain types of pneumonia.
2. The most common cause of bacterial pneumonia is a type of bacteria known as *Streptococcus pneumoniae*. *Haemophilus influenzae*, *Chlamydia pneumoniae*, *Mycoplasma pneumoniae*, and *Legionella pneumophila* are some other major bacteria that cause pneumonia.

Viral Pneumonia

Viral pneumonia can be caused by influenza virus, respiratory syncytial virus (RSV), and the herpes or varicella viruses, including those that cause the common cold (parainfluenza and adenoviruses).

1. Influenza A and B usually occur in the winter and spring.
2. Respiratory syncytial virus (RSV) is most common in the spring. It usually infects children and can cause outbreaks in daycare centers.
3. Herpes or varicella pneumonia is rare unless one is infected with chickenpox.
4. Adenovirus, para-influenza and SARS are rare causes of viral pneumonias.

Fungal Pneumonia

Fungal pneumonia is an infectious process in the lungs caused by inhalation of spores of following fungus e.g., *Histoplasma capsulatum*, *Coccidioides immitis*, *Blastomyces dermatitidis*, *Paracoccidioides brasiliensis*, *Candida* species, *Aspergillus* species, *Mucor* species, *Cryptococcus neoformans*

Chemical or Aspiration Pneumonia

Aspiration pneumonitis or chemical pneumonitis is inflammation of the lung caused by aspirating or inhaling irritants. It is sometimes called “chemical pneumonia”, though it is not infectious.

Irritants capable of causing chemical pneumonitis include vomitus, barium used in gastro-intestinal imaging, ingested gasoline or other petroleum distillates, ingested or skin absorbed pesticides, gases from electroplating, smoke and others. It may also be caused by the use of inhalants.

Causes of Pneumonia at Different Ages

Pneumonia can be caused by a myriad of micro-organisms. Clinical suspicion of a particular offending agent is derived from clues obtained during the history and physical examination. While virtually any microorganism can lead to pneumonia, specific bacterial, viral, fungal, and mycobacterial infections are most common in previously healthy children. The age of infection, exposure history, and risk factors for unusual pathogens, all provide clues to the infecting agent.

In my experience 79% of children had Pyogenic bacteria accounted for 60% of cases, of which 73% were due to *Streptococcus pneumoniae*, while the atypical bacteria *Mycoplasma pneumoniae* and *Chlamydia pneumoniae* were detected in 14% and 9%, respectively. Viruses were documented in 45% of children. Notably, 23% of the children had concurrent acute viral and bacterial disease.

Newborns

In newborns (age 0-30 days), organisms responsible for infectious pneumonia typically mirror those responsible for early onset neonatal sepsis. This is not surprising in view of the role that maternal genitourinary and gastrointestinal tract flora play in both processes. Infections with group B *Streptococcus*, *Listeria monocytogenes*, or gram-negative rods (e.g., *Escherichia coli*, *Klebsiella pneumoniae*) are common causes of bacterial pneumonia. These pathogens can be acquired in utero, via aspiration of organisms present in the birth canal, or by postnatal contact with other people or contaminated equipment.

Young infants

The most bacterial pneumonia in this age group is community acquired and involves *S. pneumoniae*, *S. aureus*, and non-typeable *H. influenzae*.

Most of the lower respiratory tract disease in young infants occurs during the respiratory virus season and is viral in origin, particularly in the patient with clinical bronchiolitis. The most common viral agents include RSV, parainfluenza viruses, influenza virus, adenovirus, and human metapneumovirus (hMPV).

Infants, toddlers, and preschool-aged children

Viruses remain the most common cause of pneumonia in this age group, accounting for approximately 90% of all lower respiratory tract infections.

RSV is the most common viral pathogen, followed by parainfluenza types 1, 2, and 3 and influenza A or B. RSV infection occurs in the winter

and early spring. Parainfluenza type 3 infection occurs in the spring, and types 1 and 2 occur in the fall. Influenza occurs in the winter.

School-aged children and young adolescents

M. pneumoniae is the most frequent cause of pneumonia among older children and adolescents. In this age group, pyogenic bacterial pneumonia remains a concern, usually caused by *S. pneumoniae*. Other pyogenic bacterial pathogens to consider include *S. aureus* and *S. pyogenes*.

In immunosuppressed individuals, opportunistic infections with organisms such as *Aspergillus* species, *Pneumocystis jirovecii*, and CMV can occur.

Viral pneumonia remains common in this age group. Influenza pneumonia is a particular concern because ongoing infection with this virus predisposes to the development of bacterial superinfection, usually with *S. pneumoniae* or *S. aureus*.

Older adolescents

M. pneumoniae is the most common cause of community-acquired pneumonia during the teenage and young adult years. Atypical pneumonia caused by *C. pneumoniae* can present with identical signs and symptoms. Bacterial pneumonia caused by *S. pneumoniae* is also seen.

Pulmonary infections caused by dimorphic fungi are also seen in this age group. *Histoplasma capsulatum*, which is found in nitrate-rich soil, is usually acquired as a result of inhalation of spores. Chicken coops and other bird roosts and decaying wood are often-cited sources. *Cryptococcus neoformans* is a common infection among pigeon breeders, but it is unusual in other immunocompetent individuals.

Blastomyces dermatitidis, another dimorphic fungus, as with Histoplasmosis, blastomycosis is acquired by inhalation of spores.

Viral pneumonias are common in this age group are usually mild and self-limited, but influenza pneumonia can be severe or protracted,

particularly when a bacterial infection follows.

TB pneumonia in children warrants special mention. It can occur in any age group, and it is important to remember that children with TB usually do not present with symptoms until 1-6 months after primary infection.

Immuno-compromised children

Some children who are immuno-compromised, whether secondary to HIV infection/AIDS, an immune disorder, or chemotherapy for a malignancy, are at risk for pneumonias with opportunistic agents. Virtually any bacteria, virus, fungus, or even parasite can invade and infect the lungs if the immune system is sufficiently impaired.

Children with cystic fibrosis are especially prone to develop infections with *S aureus*, *Pseudomonas aeruginosa*, *Burkholderia cepacia*, and other multidrug-resistant organisms.

P. jirovecii pneumonia (PCP) is common in the most severely compromised children and can lead to respiratory failure and death in those who are profoundly immuno-compromised. Adenovirus infections can be severe in these children as well, leading to bronchiolitis obliterans or hyperlucent lung syndrome. In addition, CMV poses a great risk to immuno-compromised patients.

Fungal pneumonia, caused by *Aspergillus*, *Zygomycetes*, or other related fungi, occur in immuno-compromised patients who undergo prolonged hospitalization, have prolonged neutropenia, and/or have received broad-spectrum antibiotics. Patients with underlying hematologic malignancies are at the highest risk.

Patients with sickle cell disease have problems with their complement system as well as functional asplenia, which predisposes them to infection with encapsulated organisms such as *S. pneumoniae* and *H. influenzae* type B. *M. pneumoniae* is also a common agent of pneumonia in this group of patients.

Risk factors of Pneumonia

There are multiple risk factors some of them are mentioned below:

1. Age about 65 or older, if they have other medical condition, It will more prone to developing pneumonia. Very young children if they don't take proper constitutional homoeopathic treatment, they are also at risk to develop of pneumonia.
2. Certain diseases. These include immune deficiency diseases such as HIV/AIDS and chronic illnesses such as cardiovascular disease, emphysema and other lung diseases, and diabetes. If immune system on the human has been impaired by chemotherapy or long-term use of immuno-suppressant drugs, they are also at increased risk of pneumonia.
3. Smoking, alcohol abuse. Smoking will make an irritant such as tobacco smoke paralyzes the cilia, causing secretions to accumulate. If these secretions contain bacteria, they can develop into pneumonia. Alcohol interferes with the normal gag reflex as well as with the action of the white blood cells that fight infection.
4. Hospitalization in an intensive care unit. Pneumonia acquired in the hospital tends to be more serious than other types of pneumonia. People who need mechanical ventilation are particularly at risk because the breathing tube bypasses the normal defenses of the upper respiratory tract, prevent coughing, may allow the stomach's contents to back up into the esophagus where they can be inhaled (aspirated), and can harbor bacteria and other harmful organisms.
5. Having chronic obstructive pulmonary disease (COPD) and using inhaled corticosteroids for more than 24 weeks. Research indicates that this greatly increases the risk of developing pneumonia, possibly serious pneumonia.
6. Exposure to certain chemicals or pollutants. The risk of developing some uncommon types of pneumonia may be increased if someone work in agriculture, in construction or around certain industrial chemicals or animals. Exposure to air pollution or toxic fumes can also contribute to lung inflammation, which makes it harder for the lungs to clear themselves.

7. Surgery or traumatic injury. People who've had surgery or who are immobilized from a traumatic injury have a higher risk of pneumonia because surgery or serious injuries may make coughing — which helps clear your lungs — more difficult, and lying flat can allow mucus to collect in your lungs, providing a breeding ground for bacteria.

Pathology of Pneumonia

Pneumonia is an inflammatory disease of the lung characterized by the production of a vascular response (hyperemia and vascular permeability) and an exudate. Bacteria, viruses, fungi and parasites may all cause pneumonia. The pattern of tissue response typically varies for each of these, although there may be overlap. The following description applies to typical cases of pneumonia esp. true in bacterial pneumonia.

Routes of Infection

Several possible routes of infection of the lung exist:

1. **Aspiration** of contaminated secretions-most common
2. **Inhalation** of infected airborne droplets
3. **Bacteremia**, and
4. **Direct extension** of an acute inflammatory process from an adjacent organ or structure

Defense Mechanisms

In the normal respiratory system there are a number of important **defense mechanisms** that protect the lung from infection. These include:

1. **Reflex** closure of the vocal cords
2. **Cough** reflex
3. **Mucociliary** clearance
4. **Macrophage** activity and immune competence

An **increased risk** of bacterial infection is associated with impairment of the defense mechanism, as in any of these clinical situations:

1. **Loss of consciousness**
2. **Immunodeficiency state**
3. Pulmonary **oedema**
4. **Neutropenia**
5. Chronic airway **obstruction**
6. **Viral** infection

Exudate

The exudate in bacterial pneumonia is typically composed of varying proportions of

1. Oedema fluid
2. Red blood cells
3. Leukocytes (principally neutrophils)
4. Fibrin

The cellular exudate in acute bacterial pneumonia is in the alveolar spaces and distal bronchioles though in severe cases the major airways may also be filled with purulent secretion.

Stages of Pneumonia

There are four stages to pneumonia which an individual go through after contracting the condition.

The **first stage** will involve the body actually accumulated organism. The infection will continue to grow as the number of bacteria increase. As a result, this will lead to the **second stage** of pneumonia which is also known as the **red hepatisation stage**. At this stage, the alveolar spaces in the lungs will start to become blocked with blood and this may even start appearing on the surface of the lungs. These air sacs or alveoli will start to become more and more inflamed as they become filled with fluid.

At the **third stage**, the red blood cells will begin to break up and this is also known as the **gray hepatisation stage**. The **last stage** occurs when fluids in the lungs are broken down by enzymes and this may also include pus.

The body's natural reaction to trying to clear these fluids from the lungs is through coughing as it becomes more difficult for the individual to breathe. As the lungs are becoming more filled, there is less space for oxygen to be absorbed into the body and this could lead to further complications as the body is unable to transport as much oxygen rich blood to its major organs.

1. Congestion: This stage is characterized histologically by vascular engorgement, intra-alveolar fluid, small numbers of neutrophils, often numerous bacteria. Grossly, the lung is heavy and hyperemic.
2. Red hepatisation: Vascular congestion persists, with extravasation of red cells into alveolar spaces, along with increased numbers of neutrophils and fibrin. The filling of airspaces by the exudate leads to a gross appearance of solidification, or consolidation, of the alveolar parenchyma. This appearance has been likened to that of the liver, hence the term "hepatisation".
3. Gray hepatisation: Red cells disintegrate, with persistence of the neutrophils and fibrin. The alveoli still appear consolidated, but grossly the color is paler and the cut surface is drier.
4. Resolution: The exudate is digested by enzymatic activity, and cleared by macrophages or by cough mechanism.

Bronchopneumonia

Bronchopneumonia is characterized by focal areas of suppurative inflammation, in a patchy distribution, involving one or multiple lobes.

Cause

Infection by many types of bacteria may produce bronchopneumonia; Streptococcus pneumonia is the most common cause of community-acquired bronchopneumonia.

Some cases of bronchopneumonia, when severe, may show confluent areas of involvement that resemble the pattern of lobar pneumonia.

The inflammatory exudate in each of the foci of involvement typically involves a small airway and surrounding alveolar spaces. Histologically, the same stages of evolution are believed to occur, but the relatively small areas of involvement, and temporal differences among these foci, makes demonstration of this evolution more difficult than in lobar pneumonia.

1. **Community-acquired pneumonia** is the most common type of pneumonia. You can catch it in public areas (such as work, school, the grocery store or the gym). Bacteria, a virus, fungi or irritants in the air can cause community-acquired pneumonia. The bacteria *Streptococcus pneumoniae* is the most common cause of this type of pneumonia. This type of pneumonia can also develop after you have a cold or the flu.
2. **Hospital-acquired pneumonia (also called institution-acquired pneumonia)** is a type of pneumonia that you can catch while you are staying in the hospital, especially if you are staying in an intensive care unit (ICU) or are using a ventilator to help you breathe. This type of pneumonia also includes pneumonia that develops after you have major surgery (such as chest surgery) and pneumonia that develops while staying in or receiving treatment in kidney dialysis centers and chronic care centers. It can be very dangerous, especially for young children, older adults and people who have weakened immune systems
3. **Opportunistic pneumonia** is a type of pneumonia that affects people who have weakened immune systems. It is caused by certain organisms that do not typically make healthy people sick, but they can be dangerous for people who have conditions such as the human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), chronic obstructive pulmonary disease (COPD) or people who have recently had an organ transplant.

Symptoms of Pneumonia

Symptoms of pneumonia can vary greatly, depending on any underlying conditions people may have and the type of organism causing the infection.

The pneumonia symptoms can help in identifying the form of pneumonia itself.

The pneumonia often starts during or after an upper respiratory infection, such as influenza or a cold. General signs and symptoms of pneumonia may include:

1. A single episode of shaking chills followed by fever
2. Chest pain on the side of the infected lung. Severe abdominal pain sometimes occurs in people with pneumonia in the lower lobes of the lung
3. Cough, which may be dry at first, but eventually produces phlegm (sputum)
4. Nausea, vomiting, and muscle aches
5. Rapid breathing and heartbeat
6. Shortness of breath

Symptoms of pneumonia indicating a medical emergency include the following:

1. Blood in sputum
2. Bluish-toned (cyanotic) skin
3. High fever
4. Labored and heavy breathing
5. Mental confusion or reduced mental function in the elderly
6. Rapid heart rate
7. Weight loss

Ironically, people in high-risk groups such as older adults and people with chronic illnesses or weakened immune systems may have fewer or milder symptoms than less vulnerable people do. Older adults may have different, fewer, or milder symptoms, such as no fever or a cough with no mucus (a dry or non-productive cough). The major sign of pneumonia in older adults may be when there is a change in how clearly they think

(confusion or delirium) or when a lung disease they already have gets worse.

In children, symptoms may depend on age:

1. In infants younger than 1 month of age, symptoms may include having little or no energy (lethargy), feeding poorly, grunting, or having a fever.
2. In children, symptoms of pneumonia are often the same as in adults. Your doctor will look for signs such as cough and a breathing rate over 60 breaths per minute.

Conditions that may look like pneumonia include bronchitis, chronic obstructive pulmonary disease (COPD), and tuberculosis.

Complications of Pneumonia

How serious pneumonia is depends on their overall health and the type and extent of pneumonia they have. Pneumonia disease often can be treated successfully for the younger and healthy people. Anyhow, Pneumonia complications may include:

1. *Bacteria in bloodstream*

Pneumonia can be life-threatening when inflammation from the disease fills the air sacs in lungs and interferes with one's ability to breathe. In some cases the infection may invade bloodstream (bacteremia). It can then spread quickly to other organs.

2. *Fluid accumulation and infection around your lungs*

Sometimes fluid accumulates between the thin, transparent membrane (pleura) covering lungs and the membrane that lines the inner surface of your chest wall - a condition known as pleural effusion. Normally, the pleurae are smooth, allowing lungs to slide easily along chest wall when one breaths in and out. But when the pleurae around lungs become inflamed (pleurisy) — often as a result of pneumonia — fluid can accumulate and may become infected (empyema).

3. *Lung abscess*

A cavity containing pus (abscess) that forms within the area affected by pneumonia is another potential complication.

4. *Acute respiratory distress syndrome (ARDS)*

The pneumonia involves most areas of both lungs, making breathing difficult and depriving body of oxygen.

Prognosis

Overall, the prognosis is good. Most cases of viral pneumonia resolve without treatment; common bacterial pathogens and atypical organisms respond to homoeopathic drugs. Longterm alteration of pulmonary function is rare, even in children with pneumonia that has been complicated by empyema or lung abscess.

Morbidity

Although viral pneumonias are common in school-aged children and adolescents and are usually mild and self-limited, these pneumonias are occasionally severe and can rapidly progress to respiratory failure, either as a primary manifestation of viral infection or as a consequence of subsequent bacterial infection.

Morbidity and mortality from RSV and other viral infections is higher among premature infants and infants with underlying lung disease. Significant sequelae occurs with adenoviral disease, including bronchiolitis obliterans and necrotizing bronchiolitis. With neonatal pneumonia, even if the infection is eradicated, many hosts develop long-lasting or permanent pulmonary changes that affect lung function, the quality of life, and susceptibility to later infections.

Infants and postpubertal adolescents with TB pneumonia are at increased risk of disease progression. If TB is not treated during the early stages of infection, approximately 25% of children younger than 15 years develop extra-pulmonary disease.

Special groups such as babies, young children, the elderly, smokers or those with a preexisting lung condition or weakened immune system,

hospital treatment may be necessary. For those with a milder form of pneumonia, it may be possible to treat the condition at home with a course of right acute or constitutional remedies.

Pneumonia and other lower respiratory tract infections are the leading causes of death worldwide. Because pneumonia is common and is associated with significant morbidity and mortality, properly diagnosing pneumonia, correctly recognizing any complications or underlying conditions, and appropriately treating patients are important.

Tests and Diagnosis of Pneumonia

Important test to help putting diagnose of Pneumonia are:

1. *Physical examination*

During the exam, the homoeopath listens to the lungs with a stethoscope to check for abnormal bubbling or crackling sounds (rales) and for rumblings (rhonchi) that signal the presence of thick liquid.

2. *Chest X-rays*

X-rays can confirm the presence of pneumonia and determine the extent and helps in identifying white areas within the lung (location of the infection, abscesses and pleural effusion).

3. *Blood and mucus tests*

A white blood cell count that reflects elevated levels points towards a possible infection by viruses, bacteria or other organisms. The homoeopath also may examine a sample of mucus or blood to help identify the particular microorganism that's causing the illness.

4. *Bronchoscopy* is a procedure which may be done as a part of pneumonia diagnosis, in severe cases a lung biopsy might be conducted on the patient.

Treatments of Pneumonia

Pneumonia treatments can vary depends on the severity of symptoms and the type of organism which caused the infection. Patients with

pneumonia are generally treated with acute homoeopathic remedies as well as chronic constitutional remedies

If the Pneumonia is caused by viral, it usually resolves in no time.

In addition to the pharmaceutical intervention, the homoeopath will also recommend the patient to do the therapeutic coughing, breathing exercises, and proper diet, home remedies for cough. Pain relievers and fever reducers, such as aspirin or acetaminophen or paracetamol should be totally avoided.

Homoeopaths should remember to:

1. Maintain/improve respiratory function
2. Prevent complications
3. Support recuperative process
4. Provide information about disease process/prognosis and treatment

Lifestyle and Home Remedies

Someone who has been diagnosed as pneumonia, better for them to follow the steps below which can help them recover more quickly and decrease their risk of complications:

1. Get plenty of rest. Even they start to feel better, they have to be careful not to do an over activity.
2. Stay at home from school or work until after the body's temperature returns to normal and stop coughing up mucus. This advice depends partially on how sick they were. The pneumonia can recur within a week, that's way it may be better not to return to a full workload until they are sure their getting well.
3. Drink plenty of fluids, especially water. Remember, Liquids keep us from becoming dehydrated and help loosen mucus in our lungs.

Prevention of Pneumonia

Some steps that can help you to prevent getting pneumonia:

1. Homoeopathic constitutional treatment.
2. Regular homoeopathic treatment will always build up immunity of the person.
3. Healthy lifestyle.
4. Don't smoke. Smoking damages your lungs; this means the lung can become infected more easily.
5. Some other lifestyle factors also can increase your risk of developing pneumonia, such as alcohol abuse, and intravenous drug abuse.
6. Good hygiene.
7. Wash your hands. A very common method for transmitting a cold is by shaking hands. Everyone should always wash your hands before eating and after going somewhere outside to keep clean your hands from germ. These germs enter your body when you touch your eyes or rub the inside of your nose.
8. Throw used tissues away immediately, in a bin or toilet. Germs can live for several hours after they leave your nose or mouth.
9. Help to stop germs spreading to other people by cover your mouth and nose with a tissue, to catch the germs when you cough or sneeze.

Simple Home Remedies for Pneumonia

There are a few simple home remedies for treating and checking the symptoms of pneumonia.

1. An easy and effective way of treating pneumonia in its early stages is to steep a teaspoon of fenugreek seeds in a cup of hot water, and drink this tea 3-4 times a day. This helps expel toxins from the system, checks rise in body temperature, and gets rid of breathing trouble in a couple of days. You may add a few drops of lemon juice and a little honey to this tea if you find its flavor too strong.
2. The patient should also consume two cloves of raw garlic before or during every meal. The natural anti-toxic properties of garlic boost the body's natural defenses as well as help expel phlegm accumulated in the lungs, thereby curing respiratory problems in a few days.

3. Another effective way of treating pneumonia is to steep two teaspoons of sesame seeds in 250 ml of water. Add to this a tablespoon each of honey and linseed, and a pinch of salt, and drink this infusion every day. This helps cleanse the bronchial tubes and eases breathing.
4. In case of a bout of coughing or an attack of breathlessness, the juice of a fresh lemon, and a pinch of rock salt mixed together in a glass of lukewarm water bring temporary relief.
5. It is also suggested that you should drink plenty of water and homemade fruit juices in order to keep your body well hydrated, and soften the mucus accumulated in the respiratory tract.
6. A mixture of three parts of carrot juice and two parts of spinach consumed every morning at breakfast strengthens the lungs and makes respiration smoother. This helps in faster recovery.
7. Turmeric has several medicinal properties and is widely used in treating a number of ailments. It also helps in treating pneumonia. Other herbs such as black pepper, fenugreek and ginger are also beneficial for your lungs. You can take these herbs in raw or cooked form.
8. Ginger is a popular home remedy for treating most of the respiratory disorders. Take 10 ml juice of the fresh ginger, or one or two grams dried ginger powder along with honey two times daily.
9. Add a teaspoon of honey to a glass of lukewarm water. Drink it two or three times a day. This drink has very soothing effect and relieves symptoms.
10. The patient should be kept in a clean, hot and ventilated room. Make sure that sunshine enters in the patient's room.
11. Try to keep the chest and the feet of the patient warmer than the other parts of the body.
12. Do not take foods that may lead to constipation. It may aggravate the condition.
13. To get relief from chest pain and discomfort, take a teaspoonful of garlic juice.

14. Holy basil is also very useful in pneumonia. Take the juice of few fresh leaves of holy basil. Add a pinch of ground black pepper to this juice and consume at six hourly intervals.

Homoeopathic Treatment

Stage 1: Incipient stage

1. Aconitum napellus

It is best suited to vigorous, plethoric, strong, robust individual or a rugged, plethoric, rosy cheeked child or infant.

ONSET:

- Sudden and violent

A/F:

- Fright
- Cold air
- Dry cold winds of midwinter, especially the north, dry, cold winds
- Exposure to cold
- Getting chilled when overheated
- Pneumonia after eruptive skin diseases like chicken-pox and measles.

FEVER:

- *Fever with one cheek red and hot, the other pale and cold.*
- *Sensation of boiling water poured into the chest.*
- Dry, hot skin.
- *Cutting pain after the chill.*
- Everything else tastes bitter.
- *Unquenchable thirst for large quantities of cold water which agrees.*

COUGH:

- Dry cough with high fever.
- Cutting or stabbing **pain usually in the left side of the chest**, agg. on coughing.
- Cough is excited by a sensation of dryness in the throat.
- *Expectoration rusty or hot, bright blood or mucus heavily streaked with blood.*
- Sudden dyspnea with anguish.
- Cough is aggravated by lying on the affected side so he is more uncomfortable turned over on the left.
- Cough is aggravated by cold drink and cold air.
- *Must lie on the back slightly elevated which ameliorates.*

RESPIRATION:

- The patient wants to lie on the back and he always feels very uncomfortable lying on back.
- Respiration becomes difficult in the night especially midnight and after emotional excitement.
- Difficult respiration ameliorated by sitting erect or bent forward.
- Stitches in the liver with difficult respiration.
- **Patient wants doors and windows open with difficult respiration**

MIND:

- Extreme anxiety
- *Marked excitement*
- Restlessness
- Great fear especially of death
- Agonized tossing about

ON OBSERVATION:

- **In spite of the extremely hot, flushed face and hot skin the patient complains of coldness of extremities.**
- Contracted pupils.
- Dry tongue.

ON EXAMINATION:

- Gasping respiration
- **Mild bronchial breathing on left side of the lung especially apex of the lung**

If you see the patient after the first twelve hours you can usually make out early signs at the left apex – that is where you get your first definite clinical indication that the patient is starting consolidation.

- Epistaxis
- Full, bounding, rapid pulse.

NOTE:

If you see the patient within the first twenty-four hours, or possibly within the first thirty-six hours, you will find these Aconite indications, but if it has gone on beyond thirty-six hours at the outside you will not get your response from Aconite, nor you will get Aconite indications. If it has gone beyond the Aconite stage there will be definite patches of consolidation in the affected lung and you will get no response to Aconite, you will have to go on to one of drugs for the later stages of pneumonia.

2. Belladonna

It is best suited to vascular, vigorous, plethoric, intellectual individual or mentally active child. This remedy is useful for pneumonia in people who have tuberculous background. **Pneumonia is known to present cerebral picture like delirium, loquacity and febrile convulsions quite early in the illness.**

ONSET:

- Comes **suddenly** and **violently**, stays any length of time and goes suddenly.

A/F:

- Cold
- Draft of air
- Pneumonia in patient who are suffering from infections like typhoid.

FEVER:

- ***High fever (around 105° or over), always remittent never continued.***
- Burning heat alternating with chilliness.
- Sweat coming and going suddenly.
- ***During fever skin becomes bright red, usually shiny, becomes mottled as the fever advances.***
- General **throbbing** but especially of **carotids**.
- Great thirst especially for lemonade.

COUGH:

- **Dry, painful, tearing cough.**
- Tormenting, suffocative and spasmodic type of cough that prevents the sleep.
- Sputum is usually very scanty.
- Cough from a sense of foreign body in larynx
- Paroxysmal cough either two or three, usually before midnight.
- Racking night cough or spasmodic cough afternoon
- Touching the body parts excites the cough.
- ***Cough is aggravated by lying on painful side. (Belladonna patients are very liable to develop an acute hyperaesthesia of the chest wall***

over the affected area. The chest wall becomes astonishingly sensitive to touch, and is horrible painful on coughing. And because of this hyperaesthesia of the chest wall the patients are unable to lie on the affected side).

- ***Cough aggravated by motion, jarring, light, noise and jar of bed.***
- Aggravated 3 p.m.

RESPIRATION:

- Respiration becomes difficult after drinking coffee, or during sleep or when falling asleep and better in open air

MIND:

- ***Extremely excited, restless and almost impossible to control.***
- Fear of animals
- Fear of imaginary things
- Desire to hide
- Kicking in sleep
- Laughing loudly or sardonic
- Tearing things

ON OBSERVATION:

- **Delirious within twelve hours of the onset of the disease with high temperature.**
- Face is flushed, the pupils are dilated, and eyes glisten.
- **Intense photophobia.** Belladonna patients always prefer to have the room darkened because of their photophobia which outweighs all else. (If you are nursing a Belladonna patient you are tempted to keep a light in the room as the patient appears to be terrified of all sorts of things, but, if you do, for goodness sake do not let it shine on your patient.)
- Lying on the affected side ameliorates.

- **In pneumonia you are likely to find a congested, dry, dark red tongue. (You do not get the typical strawberry tongue that is described in Belladonna)**

ON EXAMINATION:

- **Skin is burning hot to touch.**
- Red discoloration of the chest
- Epistaxis
- Bronchial breathing especially right lung
- Full, rapid pulse as if it would burst through the vessels.
- X-ray chest – Pneumonia in emphysematous patients.

3. Ferrum phosphoricum

It is best suited to an anemic, chlorotic, tired, weak individual, with much vascular excitement, who lacks vital heat and is sensitive to open air. It is useful for pneumonia in young children and newborn and pneumonia that sets in after influenza.

ONSET:

- Fast and quick

A/F:

- Anger
- Sensitive to cold and draft of cold air.
- Exposure to open air.
- **Suppressed perspiration especially in summer.**

FEVER:

- Chilly during fever

- **Thirst for cold water** (occasionally you come across Ferrum phos patients who complain of rather a sweetish taste, and instead of wanting cold water they prefer something rather sour to counteract this sweet taste).

COUGH:

- Cough short, spasmodic and very painful.
- Cough aggravated lying and in the morning rising after.
- Cough is excited by a sense of irritation lower down behind the sternum.
- **Usually bright red streaked expectoration and very frequently you get a history that if the patient has violent bout of coughing it is very liable to bring on an attack of epistaxis.**
- Great oppression of chest, dyspnea. Stitches in the chest agg deep inspiration; agg coughing.
- Right side of the chest is more likely to be involved than the left. Sharp pleuritic pain aggravated by motion. (Apart from their pleurisies, patients are often restless, but once they have developed pleurisy, any movement hurts them).

RESPIRATION:

- Respiration becomes difficult on lying down and by motion

MIND:

- Tired
- Indisposed to talk
- **Very sensitive to any disturbances round about them, any noise, any loud speaking seems to distress them, and they want to be left quiet. (Reverse of Aconite)**

ON OBSERVATION:

- **Face red with congestion to the head during fever or chlorotic, earthy, pale lips, dark circle under eyes.**

(You usually find either localized flush over the malar regions, or else a very variable state of redness, that is to say if the patient is coughing, is disturbed, or has to talk, he very rapidly flushes up a bright red flush, but when he rests that flush tends to ebb away and leave just the malar flush on a rather pale background- Dr Borland.)

- Restlessness driving out of the bed
- Tossing about in the bed
- **Pallor round the mouth.**
- Tongue gives the impression of being **swollen**. (At the commencement it is usually red, although it may have a faint white coating; by the third day it will have developed a definite coat. But in the earlier stage it is a rather darkish red, swollen looking tongue).

ON EXAMINATION:

- Rattling respiration
- Bronchial breathing on right upper lobe or left upper lobe
- **Full, bounding, rapid pulse.**

4. Ipecacuanha

It is best suited to patients who look pale and very sick, **blue rings around the eyes, anxious, nose drawn**. It is useful for pneumonia in young infants and emphysematous patients; also useful for pneumonia in people with tuberculous background.

It's more useful to children than adults. **80% of children's ailments start with an attack of vomiting, no matter what the child is going to develop.**

It is more commonly indicated in the milder weather than in the intensely cold weather or **useful in pneumonia in warm wet weather or rainy weather.**

ONSET:

- Gradual

A/F:

- **After suppressed anger**
- Indignation after
- Pneumonia during dentition period
- **Very sensitive to stuffy atmosphere so they always like to have a current of air about them.**

FEVER:

- The child tends to be flushed.
- **Hot and sweaty face.**
- Occipital headache during chill.
- **Nasal irritation with violent attacks of sneezing.** *(90% of Ipecac cases that I have seen of pneumonia usually have these sneezing attacks).
- **Thirstless.**

COUGH:

- There is a diffuse, generalized rattle in the chest.
- **Cough dry causing redness of the face.**
- Cough aggravated lying on the right side and in the warm room.
- Spasmodic cough; choking at night
- **Suffocative paroxysms of cough which very often go on to retching and the child bring up a large quantity of stringy, difficult, blood-stained sputum.**
- Stiffness of muscle of face during cough.
- **Dangerous dyspnea.**

- **Cough aggravated 7 p.m.**
- After paroxysms of coughing the patient becomes exhausted.

RESPIRATION:

- Respiration becomes difficult **before midnight** and better **in open air** and by sitting erect
- **Respiratory distress is accompanied by nausea and perspiration**
- Respiration difficult with severe moaning

MIND:

- **Tired, much wearied, and during attack they are awfully difficult to please.**
- **They feel sick, they do not want to be fussed, and they may ask for something, but they do not really want it and will refuse it if they get it, they are just miserable.**
- Restlessness; tossing about in bed.

ON OBSERVATION:

- Mouth sticky.
- Tongue: in lobar pneumonia the tongue is clean; and in broncho-pneumonia it is heavily coated.
- Respiration anxious, deep and wheezing

ON EXAMINATION:

- Red spots on the chest

Stage 2: Frankly developed pneumonia

1. Bryonia alba

It is useful for pneumonia in infants and old people; pneumonia that resembles like typhoid fever or comes as a complication of typhoid, in

people who have tuberculous, rheumatic or cancerous diathesis. In pneumonia of Bryonia alba there is usually a history of patient exposed to hot weather exerting a lot and then suddenly gets himself chilled by aircondition or cilled drinks and then next morning he woke feeling thoroughly ill.

ONSET:

- Gradual (complaints come on more slowly and go deeper).

A/F:

- **Anger**
- Alcohol
- Exposure to cold
- **Getting chilled when heated**
- Spring season
- **Pneumonia after suppressed discharges from the nose and throat**

FEVER:

- Malaise and feeling thoroughly ill.
- Sneezing very often.
- Sensation of blocking in the head.
- **Frontal headache which settles over the eyes.**
- It is much more a feeling of weight in the body than of actual pain, but it becomes painful on any movement or exertion, such as talking or sitting up.
- **They feel giddy and somewhat faint agg sitting up.**
- Shivering in the morning, that raises around 102 degrees by late afternoon.
- Bitter taste in mouth.
- **Great thirst for large quantities of cold water at long intervals.**

- Bryonia patients are hot **blooded**.
- **Aggravation 9 o' clock in the evening.**

COUGH:

- Right lung is more likely to be affected than left.
- Pleuro-pneumonia.
- **Sharp, intense, pleuritic pain.**
- The pains in the chest extend towards the axilla or around towards the back. (In Chelidonium the pains tend to be more towards the front, and go right through to the scapular region).
- Pain in the chest aggravated while coughing or by any movement.
- **Patient has to sit up in the bed and hold the chest with his hands to keep it quiet while coughing.**
- **Pain in the chest is ameliorated by lying on the painful side.** (Chelidonium patients like to sit up and lean forward).
- **Cough is aggravated in warm room; they prefer cold room and a current of air and feel better in an open air.**
- **Cough is aggravated by excitement and better by drinking.**
- Pneumonia is aggravated on lying on the affected side.
- **Breathing is always very short.** (He takes short, panting breaths, keeping the breath as shallow as possible because any movement of the chest wall hurts)
- Irritation in the throat with hoarseness of voice.

RESPIRATION:

- Respiration accelerated, deep and sighing; they desire to breathe deep
- Patient has to use the accessory muscles of respiration.
- **Pressure of clothes aggravates the respiration**
- Respiration difficult during cough; while laughing; on motion and when entering a warm room from open air; and **better by sitting erect**

and in an open air.

MIND:

- **Dullness and aversion to be disturbed.**
- Aversion to talk; agg talking
- Short tempered and difficult to satisfy.
- **They often ask for something and refuse it when it is offered.**
- **Talk about their business.**
- Annoyed easily which agg their physical complaints.

ON OBSERVATION:

- Face congested, heavy looking, sleepy and dusky in colour.
- Feels hot and usually has a hot and damp skin.
- **Twelve to twenty-four hours later you very often get a dusky appearance of the extremities. About the same time you find the lips are beginning to turn dusky in colour, and they very soon tend to become dry and to crack. They have a somewhat swollen appearance.**
- Heavy, thick, white coating on dry tongue.
- Long and elongated uvula.
- Respiration wheezing.

ON EXAMINATION:

- Liver tender
- Bronchial breathing especially right lower lobe
- Rales at the base of the lung
- Full, strong pulse.

2. Chelidonium majus

It is best suited to bilious, lethargic, weak, individual who is indisposed to make any effort, with yellowish-grey skin which gradually increases to jaundice. It is also useful for pneumonia in patients who have **tuberculous background**.

When you give Bryonia without success in pneumonia remember you have missed Chelidonium. The two remedies are very much alike in the character of their pains. They are also very similar in onset.

The Chelidonium patients frequently develop poor appetite and general discomfort days before developing pneumonia.

ONSET:

- Gradual

A/F:

- Alcohol
- **Change of weather**
- Cold drinks and weather

FEVER:

- **Aggravation 4 o' clock in the afternoon and in the morning.**
- **Desire for hot food and hot drinks. (In Bryonia intense thirst for cold drinks).**

COUGH:

- Right side is more affected than left. (Similar to Bryonia).
- Cough is aggravated on motion and on uncovering the clothes.
- **The pains tend to be more towards the front, and go right through to the scapular region. (In Bryonia the pains in the chest are much more round towards the axilla or round towards the back).** So instead of the sharp, stabbing pains being in the side in Bryonia, you

get them more in the front of the chest and going right through to the back in Chelidonium.

- **Patient likes to sit up and lean forward.** (In Bryonia amel by lying on the affected side).
- **Profuse expectoration.** (It is not so difficult to get up, and it is not quite so dusky as the Bryonia).

RESPIRATION:

- Respiration is aggravated by clothing and they want loose clothing around the chest.

MIND:

- Mental symptoms of Chelidonium are very similar to Bryonia.
Lethargic, they do not want to be disturbed, they do not want to make any effort, and they are as much aggravated by movement as the Bryonia patients.
- **Irritable**, but their irritability is rather different from Bryonia. Bryonia patients are absorbed in their own worries, and say ‘for heaven’s sake leave me alone’, whereas **Chelidonium patients are much more spiteful and snappy.** (For instance, you may be cross-questioning them and going along quite nicely, and suddenly they spit out at you in most surprising and uncivil way – that is the typical Chelidonium).

ON OBSERVATION:

- Face is dusky in colour with slightly yellowish tinge. (In Bryonia also appearance is dusky but slightly bluish look). On this yellowish base there is liable to be a rather localized, deeper, malar flush, and quite often that flush is one sided. Very commonly it is the right side which is more flushed than the left.
- Brown discoloration of the tongue. (In Bryonia it is white coated).
- Bilious vomiting.
- Red spots on the chest.

- Twitching of the muscles of the chest.

ON EXAMINATION:

- Bronchial breathing especially at right upper and right lower lobe.
- Slow pulse.

3. Phosphorus

Phosphorus is useful for septicemia that complicates pneumonia or for pneumonia in gram negative septicemia or in neglected pneumonia. It is also useful in pneumonia that complicates infectious diseases and typhoid fever. **Cardiac complications are accompanied by pneumonia like pump failure or cardiac arrhythmia.** It is indicated when pneumonia turns into gangrene of the lung. **I have used it successfully in cases of threatened lung abscess due to pneumonia.**

Patients had been feeling very tired at least day or two before the illness, and then he probably was exposed to cold atmosphere which invited within few hours the first symptom of the illness namely an acute sense of oppression or tightness in the chest followed by feverish feeling and a dry cough.

ONSET:

- Gradual (but more quickly than Bryonia)

A/F:

- Cold weather, cold and frozen food.
- Draft of cold air

FEVER:

- Fever around 102° to 103°.
- Chilly patients.

- **Phosphorus patients have intense thirst for cold drinks but in pneumonia with their very dry mouth, they very often ask for something juicy or sour rather than plain cold water.**

COUGH:

- Tormenting, irritating cough which is accompanied by a feeling of rawness, or burning in the chest.
- Hoarseness or sometimes loss of voice.
- **Feeling of tightness and oppression in the chest.**
- Rattling cough while eating
- Paroxysmal cough at midnight
- Jerking of the head forward and knee upward while coughing.
- Cough aggravated when entering a warm from cold air or vice versa; and rising from the bed.
- **Cough aggravated by draft of cold air; it disturbs the sleep and patient feels better after sleep and by cold drinks.**
- **In earlier stages there is very little sputum; by about the third day that sputum tends to increase, and there is rather bright, red streak through the mucous sputum; by the fourth day that red streak is becoming darker, and very soon afterwards the typical rusty sputum appears.** (*In Bryonia case the sputum is much darker in colour right from the beginning and more sticky and difficult to expel where in Phosphorus it is liable to be a little more watery and although scanty it is easier to get up).*
- Expectoration bloody, pale and purulent.

RESPIRATION:

- **Respiration is slow and rattling.**
- It becomes more difficult during sleep and better by bending forward and by sitting erect.
- They have to hold the chest with difficult respiration and while coughing.

- **Difficult breathing and a slight embarrassment on inspiration.**
- They always want to be propped up but in addition to that you often see them with the chin tilted up and the head thrown well back, it helps their difficulty in breathing.

MIND:

- **Aversion to be alone. (They feel very much more peaceful and comforted if they have someone about, particularly if they are in actual contact with them).**

ON OBSERVATION:

- Face is bright red and flushed; not as dusky as Bryonia.
- The skin surface is hot, and it is moist, but not as moist as in Bryonia.
- The patient tends to be rather tremulous. The hands are a little shaky, the facial muscles are twitching and **there may be irregular twitching of the alae nasi.**
- In earlier stages the Phosphorus tongue tends to be dry and reddish, and it gives you the appearance of being a little swollen. But by the third or fourth day there is a certain amount of light, dry, white or whitish-yellow coating.

ON EXAMINATION:

- Bronchial breathing in the lower lobes.
- Pulse is full and strong.

4. Veratrum viride

Veratrum viride is useful in pneumonia that complicates cerebrovascular accidents, uremia and septicemia. It is also indicated in people having aneurysm of the arteries and in people who are having rheumatic tendencies.

ONSET:

- Gradual (Onset is very similar to Phosphorus; it develops at much the same rate, but is not attended by the same degree of oppression of the chest).

A/F:

- Anger
- Alcohol
- Cold air
- Change of weather from warm to cold

FEVER:

- Rapid rise of temperature, and there is apt to be a much higher fever, probably running up to 105°.
- **In spite of the high temperature there is always profuse perspiration in Veratrum viride. In pneumonia with a temperature of 105°, the sweat standing out in beads all over, and in spite of that profuse sweat there is no drop in temperature at all.**
- Feeling of intense pulsation, he feels as if his heart were simply pounding out through the chest wall.
- *Intense thirst* and very often with their thirst there is feeling of slight nausea.
- Dimness of vision agg sitting up. (In Bryonia also agg sitting up, but with giddiness).
- Pneumonia is accompanied by nausea and vomiting
- Pneumonia as a sequel of infectious disease.

COUGH:

- Cough is spasmodic and paroxysmal type.
- Cough is aggravated in the evening and in cold air.

- The sputum in Veratrum viride comes in about midway between the Phosphorus and the Bryonia ones; it is not quite as bright as the Phosphorus and not quite as dusky as the Bryonia.
- Sputum is sticky and little difficult to expel.
- Chest pain while coughing and trying to bring it up. (But there is not the acute, stabbing pain of Bryonia or the raw burning of Phosphorus).
- **There is marked concomittent - painful and violent hiccoughs.**
- Bitter taste in the mouth.

RESPIRATION:

- Respiration panting but **slow**.
- Respiration difficult worse after motion or exertion and better by sitting.

MIND:

- There is marked excitement during pneumonia.
- Violent delirium may develop quite early, and the patients are liable to have all sorts of obsessions that they see faces and figures on the wall.

ON OBSERVATION:

- Face is congested and red with pneumonia. (But gives the impression of being a little more livid than Phosphorus).
- Widely dilated pupils during intense excitement.
- **Pneumonia picture is similar to Belladonna. But Belladonna has an intense flush and a burning dry skin; whereas Veratrum viride is livid and covered with beads of sweat.**
- You get two types of tongue in Veratrum viride. One has a thick, yellowish coating, and it is not uncommon. **But the one that you look for, and hope for, is a tongue with a white thick coating and a bright red streak down the centre.**

ON EXAMINATION:

- Excessive tachycardia with pneumonia.
- **Pulse is full and bounding**, and with that you very often get the impression that the patient's face is rather bloated and swollen looking.

Stage 3: Complicated pneumonia

Mixed infection or alcoholic patient

1. Baptisia tinctoria

Baptisia tinctoria is useful for pneumonia in old people or in **immunocompromised** people.

ONSET:

- Slow onset
- Occasionally in the course of a very virulent epidemic you will find Baptisia cases developing with astonishing rapidity, even in a few hours, but in the majority of cases, in an average winter, the onset is much slower.

A/F:

- Bad news
- **Septicemia**
- Pneumonia that complicates biliary, hepatic disorders and uremia.

FEVER:

- **Thirst for sips of water, the thirst is not excessive.**
- Prostration of mind during fever.
- Heat in the occiput and hands
- **Face becomes dark**
- Sudden vomiting in fever

- Scanty urine
- **Delirium during fever**
- Loquacity during fever
- Indifference during fever
- Aggravation in the night

COUGH:

- **Intense oppression in the chest which agg by lying down.**
- Feeling of suffocation agg lying down.
- Choking in the throat on drinking water.
- **Spasm in the oesophagus while swallowing.**
- Very often they will tell you that the **feeling of compression** is not so much a **sensation of the chest wall being tight** as of the lungs inside being compressed, and this at once distinguishes it from the ordinary tightness of the chest which you find in so many of the other drugs.
- Scanty sputum. Sputum is very sticky and difficult to expel.

RESPIRATION:

- Respiration stertorous, accelerated
- Hyponatremia
- Respiration difficult in a warm room; they want to be fanned; they feel better in an open air.

MIND:

- **Befogged mental confusion.** Confusion as to where they are and what they feel like.
- Mental dullness (They find it difficult to think, they find it difficult to answer your questions, and you will probably have difficulty in taking the case as very often they do not remember the details of their illness).

- Speech is rather slow.
 - Mild, gentle, wandering delirium.
 - **Stupefied with restlessness and sleepiness.**
 - Drowsiness, you can wake them up, but if you do you will get an incomplete answer and then they will drowse off again.
 - In spite of their drowsy state these patients are restless (They have generalized aching pain, they complain of their bed being hard, it hurts them to lie, and you will find them moving about to get a more comfortable position. Sometimes that restlessness is associated with their inability to locate what is happening to them, they feel their arms or legs are uncomfortable and they move about to make sure where they are, or what is happening to them).
- There may be family or past history of cancer or pulmonary tuberculosis.

ON OBSERVATION:

- **Puffy, cyanotic** appearance.
- Eyes look heavy, usually half closed.
- **Lips are dry and cyanosed**, and there is a lot of sordes about the mouth.
- The mouth is always **offensive**, and very dry.
- The tongue usually has a brown coat down the centre; it may be yellow to begin with, but it usually very rapidly becomes brown. The tongue itself is very dry to touch. (But, in spite of this intense dryness of the tongue, you do not get excessive thirst in the Baptisia).
- Skin surface is always hot and damp, and the patients often complain of very unpleasant waves of heat all over.
- **Damp sweat, with a very strong, unpleasant odour.**

ON EXAMINATION:

- On auscultation of the chest there are rales in the chest.

- Pulse is frequent and full in the initial stage and small, soft and thready in terminal stage.

2. Hepar sulphur

If you are dealing with Hepar sulph pneumonia you always have a septic type to contend with, and you get the impression that the patient is very ill. **It is useful for pneumonia in immunocompromised children or pneumonia due to gram negative septicemia or pneumonia that progresses into pulmonary tuberculosis.**

ONSET:

- Acute to semi-acute

A/F:

- **Cold**
- **Draft of air**
- **Wet weather**
- Inhaling poisonous industrial gas
- Alcoholism
- **Suppressed anger**

FEVER:

- Temperature is fluctuates a lot, hectic type. It is accompanied by profuse sweating. (In spite of the profuse sweating there is not a definite drop in temperature).

Always feel worse after they have been asleep. (Normally one expects patients of pneumonia to wake up feeling better if they have a decent sleep, but Hepar sulph. patient always feel much worse. Their sleep is unrefreshing and they have very distressing dreams, very often they have dreams of fire).

- **Very chilly.** (They want their blankets right up to their necks, they want their room as hot as they can have it, and they hate to have any draught in the neighborhood at all).
- Bitter taste in mouth.
- There are two periods at which you get marked aggravation in Hepar sulph. One is round about **6 or 7 o'clock in the evening**, when the patients very often have a rise of temperature.

The other is about **2 o'clock in the morning**. At this time the patients very often have an acute paroxysm of coughing. They are liable to become very exhausted by this and may settle down afterwards, and fall asleep.

- Intolerance of clothing; pressure of clothing aggravates them
- Burning heat with lot of shivering; lower part of the body is hot to touch.
- They have a strong desire for **spicy** and **pungent** food even during fever.
- **Perspiration profuse day and night** and its odor **sour** and **offensive**.

COUGH:

- **Choking, or spasmodic cough, worse by cold and after eating.**
- Frequent paroxysms of cough accompanied by acute dyspnoea.
- **Cough aggravated by cold.** (A striking thing about the cough is that it is easily produced by any cold, for instance, if the patient puts a hand out of the blankets a paroxysm will be started if the hand gets chilled).
- **In these paroxysms you will find the patient sitting up in bed with the head tilted well back.**
- Profuse, **purulent**, blood-stained sputum.
- **Cough is accompanied by cold perspiration.**
- Violent cough in the night; pain in the larynx and trachea while coughing.
- **Sense of extreme weakness in the chest.**

- **Pain in the chest aggravated by lying on the affected side.** So the patient is constantly wants to be in cropping up position. Pain in the chest is extending to the back.
- Expectoration is bloody streak; it tastes like a **spoiled egg** or metallic taste.

RESPIRATION:

- **Respiration difficult on lying with head low or by touch of throat; and better by bending backward**

MIND:

- Horrible, discontented, dissatisfied, critical outlook.
- **Oversensitive.** (They are disturbed by their surroundings, they are disturbed by any noise in their neighbourhood, and they very often react unpleasantly to particular people, for instance you will find they take a dislike to one particular friend or a relative or a nurse in the ward, and nothing she can do is any good).

There may be a past or family history of **pulmonary tuberculosis.**

ON OBSERVATION:

- Pale discoloration of face with a tinge of hectic flush.
- Skin is moist, with **sour-smelling** sweat.
- Upper lip is swollen, thickened, and very often red. A deep crack in the center of the lower lip is frequently seen.
- Labial Herpes or **crack at the corner of the mouth.**
- **Tongue is always very sensitive.** (Frequently they complain of burning tongue, or of the tip of the tongue, also you often find aphthous ulcers in the mouth, lips or tongue which are very sensitive to touch.)
- A paradoxical thing that always strikes me as a contradiction in the Hepar sulph patients is that, in spite of their very sensitive mouth, they like rather highly acidic drinks and very spicy food.

- **Speech is hasty;** the words simply tumble out of them in a gush as if larva of volcano blows out.

ON EXAMINATION:

- On auscultation of the chest rhonchi and rales
- Pulse hard and irregular or sometimes pulse is quite discordant with temperature.

Many times Hepar sulph patients abruptly stop treatment or change doctors complaining that they did not do them any good!!!

3. Lachesis muta

Lachesis muta is useful for pneumonia in immunocompromised people. In majority of cases you will find Lachesis pneumonia cropping up in **winter** or in **early spring**. You very often find them cropping up just at the end of a cold spell when the weather is beginning to get warmer.

When Lachesis is indicated you are likely to get the extremely toxic, confused, effusively sentimental, drunken sort of patient.

ONSET:

- Acute to sub-acute

A/F:

- **Alcoholism**
- **Uremia**
- Death of loved ones
- Emotional excitement
- Grief

FEVER:

- Thirstless

- Appetite poor
- Heat in the eyes, lips, mouth and extremities
- Congestion in the head
- Restlessness
- **Urging for stools during fever**
- Diarrhoea during fever
- Epistaxis
- **Loquacity during fever**
- Delirium during fever

COUGH:

- **Great difficulty in coughing, horrible feeling of suffocation, great difficulty in breathing, and they are simply terrified to lie down.** (They hate to go to sleep because of this sense of suffocation, and if they do sleep off they are almost certain to wake up with a sense of suffocation and a most distressing attack of coughing).
- **There are two very typical Lachesis symptoms. One is that with their respiratory distress these patients always have a horrible choking sensation, a feeling of tightness round their throat, and they cannot bear to have the blankets up round their neck as they feel they would strangle if they did.**

The other is that although they get acute stabbing pains in the chest, very often on the left side of the chest, they cannot bear any pressure on the chest at all. This distinguishes Lachesis from so many of the other drugs with stabbing pains which are relieved by firm pressure on the chest.

- Constant or paroxysmal cough which is aggravated **during sleep and before midnight.**
- Sputum is scanty. The patient feels as if he had a lump in the chest and as if he could shift it a certain distance but when it got half way it

stuck. **You can hear the rattle in the chest, and yet the patient cannot expel anything.**

- Fullness in the chest just behind the sternum
- More commonly Lachesis attacks the left lung more than the right.
- Liquid comes out of throat on attempting to swallow.
- **They mostly get a very violent, surging headache with their cough. It feels as if all the blood in their body is forced into their head.**
- Their head is hot and bursting and yet at the same time they often complain that their legs, feet, and very often their hands, too, are feeling icy cold.
- Redness of the face during cough and fever.

RESPIRATION:

- Respiration loud, moaning and slow.
- Respiration accelerated during cough and during sleep.
- **Respiration difficult in a warm room, or during sleep, or on lying down; and better by loosening the clothes or bending forward.**
- Respiratory complaints are accompanied by nausea.

MIND:

- Delirium tremens, with all sorts of delusions. They hear voices, they imagine all sorts of things, they become suspicious, they think are being poisoned, and they refuse to take their medicine.

ON OBSERVATION:

- The expression is heavy looking, with mottled, cyanotic appearance, a very **puffy-looking face.**
- Cold perspiration on the face
- Face sunken
- Coldness of the face

- **Nose pointed**; red or yellow.
- **Puffy, swollen-looking, cyanotic lips** which tend to become incredibly sensitive to touch.
- Swelling of the lips
- Aphthae in the mouth; bleeding in the mouth.
- Cracked gums; bleeding gums
- **Tongue is very dry, swollen, dark red and in spite of that dry tongue you will get very sticky, thick, stringy saliva in the mouth.**
- Cadaveric or putrid odor from the mouth.
- Uvula elongated; food lodges in the throat
- **Throat sensitive to the slightest touch**
- Hawking disposition
- Speech is **thick**, they have difficulty in **articulating**, and they are liable to drop half their words. They stumble over what they are saying, and frequently they leave a sentence half finished.
- Epistaxis

ON EXAMINATION:

- Pulse frequent, intermittent, irregular and weak.

4. Mercurius solubilis

I think you are liable to meet with Mercurius pneumonias about the same time of the year as Lachesis ones, that is in the later part of the winter.

In their pneumonias at first sight it is awfully difficult to distinguish your Mercurius mentality from the Lachesis mentality, but in appearance I think there is a certain amount of difference.

It is useful for pneumonia in old and immunocompromised people.

ONSET:

- Acute to sub-acute

A/F:

- Cold
- Emotional excitement
- Disappointment

FEVER:

- Swinging temperature, and you can link on to that the general Mercury instability to heat, they are either far too hot or far too cold. (The Lachesis patients are always hot, they cannot stand heat).
- There is always a pretty profuse, generalized sweat.
- **The Mercury patients tend to be much thirstier than the Lachesis ones**, and they have an incessant **desire for ice-cold drinks**. (Lachesis patients are thirsty, they want cold drinks, and they very often get a horrible choking sensation if they attempt to take anything hot; it very much aggravates their distress and aggravates their embarrassment in breathing).
- Bitter or putrid taste in the mouth during fever.
- **Tongue coated white during fever.**
- Painless diarrhoea during fever.
- Offensive urine during fever.
- Face pale or red during fever.

COUGH:

- Dry, racking cough.
- **Cough tends to come in double paroxysms. The patient has a violent paroxysm, then a pause, then another paroxysm, and then a period of peace. Exhausting cough.**
- Involvement is on the **right side** in Mercury, rather than on the left side as in Lachesis, Very often it is the **right lower lobe** which is

affected.

- There are sharp stabbing pains going right through to the back.
- Sensation as if the chest is full (Like Lachesis), and with their **paroxysms of coughing they feel as if their chest would simply burst.**
- Sputum is rather more profuse than in Lachesis; it is rather more liquid, it is usually pretty dark in colour, and it is always offensive. Expectoration thick, bright red, ropy and salty or sour.
- Offensive odor from the mouth.
- **Saliva frothy, ropy and saltish.**
- Inflammation of the throat, tonsils, pharynx and uvula.
- Cough is accompanied by nausea
- Voice hoarse or rough after cough.

RESPIRATION:

- Respiration difficult during fever, lying is impossible
- Respiration gasping and panting
- **Hot breath**
- Influenza like symptoms accompanied by pneumonia
- Liver symptoms are accompanied by pneumonia.

MIND:

- Mercury patients are rather more irritable, and they are definitely more anxious and more restless than Lachesis.

Chest X-ray shows pneumonia of the **right lower lobe.**

ON OBSERVATION:

- The Mercury patient tends to have a puffy face (Like a Lachesis patient), but it is rather more livid in colour and gives you the impression of being more sickly looking, the patient looks more ill

somehow. I have confirmed in number of cases that the Mercury patient is sweatier, and the skin looks a little greasier.

- Ulceration of the corners of the mouth, and profuse, watery salivation; it is not as stringy as in Lachesis. Quite often you will find definite aphthous patches in the mouth, on the insides of the cheek, or on the tongue, and these usually sting and burn on touch.
- Cracked lips.
- **Cracked and sooty nostrils.** Agglutination of the nostrils. **Boring the nose with fingers.**
- Epistaxis on blowing the nose.
- **Tongue is swollen, flabby, pale, greasy looking tongue and cracked.** The patients usually complain of an unpleasant, sweetish, offensive taste. **Trembling of the tongue when protruding.**
- Bleeding gums.
- Expression besotted, pinched or sickly.
- Speech is hurried, and they tend to fall over their words. (But it is much more a case of stammering than of failing to finish a sentence in the way Lachesis patients do).
- **Generalized tremor** – tremor of the hands, tremor of the tongue, and tremor of the facial muscles.
- Stools balls like.

ON EXAMINATION:

- Induration of glands around the neck.
- Pulse frequent and full or hard and strong.

5. Pyrogenium

It is useful for pneumonia that progresses into lung abscess or pneumonia that complicates into empyema. There may be a past and family history of **pulmonary tuberculosis.**

ONSET:

- Rapid onset than Baptisia.

A/F:

- Septicemia

FEVER:

- **The temperature tends to be definitely higher than in the average Baptisia case, running up to 104° or 105°, and it is always accompanied by considerable hot sweat.**
- **There is always a discrepancy between the pulse and the temperature.** (That discrepancy may be a very rapid pulse with a comparatively low temperature; or equally commonly it may be a high temperature and a comparatively slow pulse. It may go either way, but it is the discrepancy between the pulse and the temperature that really matters).
- Both Pyrogenium and Baptisia patients suffer from **flushes of heat**, but in Pyrogen they are always followed by waves of shivering - they are alternate hot and cold waves. (It is almost as if the patient suddenly blushed from his toes to his head, exactly the same thing as would be described as 'hot flushes').
- Both Pyrogenium and Baptisia, there is **general soreness**, they say the **bed is too hard** and they move about to try to get an easy position, which makes them restless. (They give exactly the same description of not knowing where their arms and legs are, and they both say they are moving about in order to bring their sensation back to normal. In Pyrogenium the illness started as an aching in the legs which gradually spread up).
- **During fever they have delusion that their body parts are double.**
- Fever with chills
- Loquacious and restlessness
- Speech becomes hasty

- Diarrhoea
- Either seldom urination or frequent urination
- Epistaxis
- Dull aching sore pain in the extremities.
- Clammy perspiration on the hands.
- **Perspiration offensive like cadaver.**
- Dryness of skin
- **Excessive unquenchable thirst.**
- Vomiting of liquid as soon as it gets warm in the stomach.

COUGH:

- Cough in warm room
- **Backache during cough**
- Sense of general oppression of the chest, with aching soreness on the chest wall.
- The respiration is always very rapid and shallow, which is frequently the case in Baptisia also.
- **Profuse sputum, it is thick, yellow or purulent, and is offensive.**

RESPIRATION:

- Respiration difficult during sleep.
- Voice becomes husky and weak.
- **Wheezing during expiration.**

MIND:

- Loquacious
- Impatient, they talk fast, they talk a good deal, and they are liable to be irritable.
- Sleeplessness, bed feels too hard

ON OBSERVATION:

- They have a bright flush on their face and skin; they are not as cyanotic as Baptisia. **On exertion, coughing, or anything of that sort, they tend to flush up much more, and they then become definitely dusky.** After a paroxysm of coughing the colour tends to reduce, and they may become definitely pale.
- The tongue in Pyrogenium and Baptisia cases is occasionally difficult to distinguish as Pyrogenium like Baptisia has dry brown coating. But many times you will see a **Pyrogenium patient with a much red tongue with less coating on it, and which is very dry, cracked and fissured and accompanied by a good deal of thirst.**
- Circumscribed redness of the face
- Facial expression hippocratic
- Dryness of skin
- Stool dry, large, hard and offensive
- Varicose veins of lower limb.

ON EXAMINATION:

- Pulse frequent or irregular and **disquadrant with temperature.**

6. Rhus toxicodendron

Rhus toxicodendron is useful in pneumonia secondary to typhoid or in people who are having a strong history of rheumatic fever or rheumatic background. It is also indicated in cases of sudden pulmonary oedema leading to consolidation.

There may be a past or family history of cancer or hypertension.

Chest X-ray shows **hypertrophy of the heart and pulmonary oedema.**

ONSET:

- Slowly. (The onset of the pneumonia was caused by the patient's being out and getting soaked due to heavy rains or wet cold winds.).

A/F:

- **Cold damp**
- **Exposure to colds draft**
- Accidental injury to the chest
- **After overlifting and overexertion especially in wet weather or strong windy weather.**

FEVER:

- Temperature tends to be of the swinging type, but it does not have the same degree of swing as you find in Hepar sulph. patients.
- Patient is chilly; aggravated by cold draft or exposure to cold.
- **Generalized aching pains, and they feel better if they keep on the move.**
- There is always constant **thirst for cold drinks**. The patients complain of the mouth and throat very dry, almost as if burnt.
- Aggravated during the night than during the day. The patients become restless, worried, and is inclined to get out of bed, during the night.

COUGH:

- **Constant and tormenting cough.**
- Dry cough aggravated by cold air, cold food and cold water.
- Cough aggravated by any emotion, lying on back and before midnight. It disturbs the sleep.
- **Feeling of intense irritation in the middle of the chest, behind the sternum.** Cough due to irritation in the larynx and trachea.
- Respiration is always very shallow, short, hurried, and difficult.
- **Cough aggravated by cold draft or exposure to cold.**

- Cough painful.
- Sputum is profuse, rather liquid, dark in colour, and blood-stained.
- Bloody, bright red, greenish or purulent expectoration. It tastes greasy, metallic or salty.
- Hoarseness of the voice due to laryngeal inflammation.
- Excessive mucus in the throat, which is very troublesome.

RESPIRATION:

- Respiration accelerated
- Respiration arrested during cough.
- Respiration impeded due to heaviness and pain in the chest.
- **Respiration difficult on exertion, talking, walking and during fever; and better by sitting erect or bending forward.**

MIND:

- **In their pneumonic attacks they are horribly distressed, anxious, and restless, they cannot get peace at all.**
- Depressed and have a general feeling of **discouragement**. (They will very often tell you that they feel so horribly uncomfortable that they think they would be better if you could only let them out of bed, they say that if they could only move about a little more it would help them).
- Mild low grade muttering delirium, accompanied by extreme physical restlessness.
- Anxious, particularly if they are becoming a bit muddled, they are very liable to get an obsession that they may be poisoned.
- **Aches and pains accompanied by restlessness better if they keep on the move.**

There may be a past or family history of cancer or hypertension.

Chest X-ray shows **hypertrophy of the heart** and **pulmonary oedema**.

ON OBSERVATION:

- Cyanotic appearance, dusky in colour.
- Oral herpes very early in the illness (I think in Rhus tox the herpes tends to appear first of all on the lower lip, but mostly by the time you see the patients they have pretty generalized, extensive herpetic eruption about the mouth).
- The lips are cyanotic.
- **Tongue:** In the earlier stages before the patients become delirious, is **white coated with a red margin, or a red triangular tip**.
But by the time the delirium starts the tongue becomes brown, and intensely dry.
The patients often complain of a metallic **taste**; like copper which is very unpleasant.
- Skin is moist, with profuse sweat.
- Pulse is full and fast.

ON EXAMINATION:

- Enlargement of the glands.
- Cardiac murmurs.

Creeping type of pneumonia or definite bronchopneumonia in adult

1. Lobelia inflata

Lobelia inflata is not very often indicated, but it does cover a very definite picture, and it has one or two very striking symptoms which, I think, are not covered by any other drug.

It is useful in cases of pneumonia in people who chew tobacco regularly or drug addicts who suffer from pneumonia or drug addicts who suffer from pulmonary tuberculosis.

ONSET:

- Subacute to semiacute

A/F:

- **Alcoholism**

FEVER:

- **There is always certain degree of air hunger; the patients are more comfortable in fresh, circulating air, although they have an aversion to draft of air.**

COUGH:

- **Spasmodic, dry cough, which is always accompanied by nausea; and the patients have a very distressing feeling of emptiness in the epigastrium so this nausea is very greatly relieved by eating or drinking.**
- Feeling of horrible oppression and very marked sense of fullness in the chest, which they say they cannot shift at all.
- **Aggravated by any movement or any exertion.** (So they want to keep as still as they possibly can).
- Cough excites eructations.
- **Violent paroxysm of coughing leads to localized patches of ecchymosis.**
- Expectoration is difficult, ropy and stringy.

RESPIRATION:

- Respiration accelerated, rattling or slow.
- **Difficulty in respiration is better by walking rapidly.**
- Difficulty in respiration is accompanied by increased salivation.

MIND:

- They want to be left quiet; they do not want to be disturbed.
- Severe anxieties.
- Fear of impending death.

There may be a past history of **whooping cough, cancer** or **pulmonary tuberculosis**.

Chest X-ray shows **emphysema**.

ON OBSERVATION:

- The patient looks pale, with sweaty skin.
- **Fast pulse**, which is soft and thready.

ON EXAMINATION:

- Cardiac murmurs.
- Cyanosis

You would have seen by now that Lobelia though rarely indicated has a definite symptomatology in pneumonia.

2. Natrium sulphuricum

It is useful for pneumonia in old people and in **wet damp weather**

ONSET:

- Gradual

A/F:

- Alcoholism
- **After disappointment**

FEVER:

- They are sensitive to heat, they cannot bear a stuffy room at all, and they always have hot and sticky skin.
- Physical restlessness, they try to change positions, but it does not give them any relief.
- **Occipital headache fever during.**
- Feeling of intense heat in the legs, from about the knees downwards.
- **Offensive perspiration in the axilla**
- Bitter taste in mouth, but the **thirst is not extreme.**
- **In pneumonia, aggravation is between 3 and 4 o'clock in the morning.**

COUGH:

- Cough violent, rattling aggravated on lying on back.
- Acute stabbing pain in the chest, accompanied by a feeling of general soreness in the chest wall.
- Left lower lobe or left lung is affected
- **Pain aggravated by coughing. While coughing patient has to sit up supporting the side of the chest to keep it as quiet as possible.**
- Oppression in the chest aggravated in the evening and night. Sore or stitching pain in the chest in the evening.
- **Sputum is thick, purulent or greenish and it may even be bile stained.** It comes out without difficulty.

RESPIRATION:

- Respiration becomes difficult on exertion and on lying.
- **Wants doors and windows open.**

MIND:

- **Totally depressed.** It is not a weepy depression at all, but they feel horribly gloomy and flat, they do not want to be disturbed, they do not want to be interfered with, they are liable to turn their back on you,

they do not want to be questioned, and they do not want to have to think. They will say 'Please for God's sake leave me alone.' Very often they display a certain amount of irritability if they have to talk to their doctor.

- They are sensitive to noise and often acutely irritated by it.

There is a past or family history of diabetes and pulmonary tuberculosis.

Chest X-ray may show aneurysm of the heart and empyema.

E.C.G. shows ischemic heart disease.

ON OBSERVATION:

- Skin-Cyanotic or yellowish tinge indicating early jaundice.
- Skin is hot and sticky.
- Tongue discoloured greyish-green, also one may get yellowish tongue with brown base, or white tongue with a yellow base. **But the greyish-green tongue is the one characteristic of Natrum sulph.**

ON EXAMINATION:

- Wheezing on auscultation.
- Pulse irregular and small.

* It is frequently indicated drug in post-operative pneumonias e. g. after appendectomy, cholecystectomy, coronary artery bypass surgery pneumonia following a gall bladder surgery etc.

3. Pulsatilla pratensis

The Pulsatilla pneumonia or broncho-pneumonia presents with history of patient having upper respiratory tract infection that extends into the chest. It is useful in pneumonia after typhoid or after suppressed coryza or pneumonia's that becomes cerebral.

ONSET:

- Slow onset.

A/F:

- Inhaling cold air
- **Grief**
- **After death of loved ones**

FEVER:

- **Dryness of mouth and throat, and the tongue has a thick, sticky, whitish coat. But in spite of this dryness of their mouth and throat the patients are not thirsty.** (They may like a little sour drink to relieve the dryness, but there is no real thirst).
- **Sensitive to heat, they often complain of a feeling of generalized hotness.**
- Pneumonia is accompanied by disordered stomach.

COUGH:

- Cough due to tickling in the larynx aggravated by lying on left side.
- Violent, gagging, and choking cough; that makes patient acutely cyanosed during paroxysms of coughing.
- Feeling as if something were torn loose in the chest and the whole chest left raw.
- **Extreme soreness in the chest wall, feels as if all the muscles were strained.**
- **Marked dyspnoea accompanied by a feeling of intense tightness in the chest,** or a feeling of horrible fullness in the chest, with a very acute air hunger; they want to have the doors and windows open, and they love a draft of air about.
- Dyspnoea aggravated as the evening progresses.
- Forcible hard cough but loose in the night or in the morning.

- **Pain aggravated lying on the affected side.** (Their most comfortable position is lying on the back, propped up a bit, and particularly with the arms raised out from the sides; you may even find them pushing their arms up above the head).
- **Sputum is yellowish in colour and blood-stained.**
- **Sputum is very tenacious; the patient almost chokes in an effort to expel it.**

RESPIRATION:

- Respiration difficult in cold air, by walking, motion, exertion and on lying on back; and better by sitting erect.
- Respiration accelerated which is better in an open air.
- Respiration arrested on lying down and on inhaling cold air.
- Respiration whistling.
- **Respiration impeded due to flatulence.**
- Respiratory complaints accompanied by epistaxis.

MIND:

- Mild, gentle yielding type and they do not stand up against their infection well; the disease seems to be gradually spreading.
- They become definitely anxious about themselves, worried, afraid that they are not going to get better.
- **They definitely hate being left alone. They want somebody about and they want attention.**

There may be a past history of **whooping cough** or **aneurysm**.

There may be family history of **cancer**.

Chest X-ray shows **pulmonary oedema**.

ON OBSERVATION:

- Appearance is dusky; or a dusky red.
- **Bloated** and puffy-looking.
- Tongue usually has a thick, sticky, **white coating**.

ON EXAMINATION:

- Wheezing on chest auscultation.
- Uric acid diathesis

4. Senega

It is useful for pneumonia in **old people** or in people who are suffering from **pulmonary tuberculosis**.

ONSET:

- Slow

A/F:

- Humiliation

FEVER:

- **The patients frequently have a very high temperature, and they are liable to develop signs of a failing heart early in the disease.**
- The right side of the heart begins to dilate, and produces generalized oedema of the lungs.

COUGH:

- **Constant and violent cough and it produces a strange sort of hyperaesthesia of the walls of the chest.** (* Very often in these cases with a generalized bronchitis, when you are percussing the chest you will get on to an area of hyperaesthesia, and you will always find it is over a consolidated area).

- **Feeling of intense oppression in the chest, feels as if they had a heavy weight sitting on the chest, and they just cannot breath.** The patient has a tendency to develop cyanosis of the extremities.
- **Loud, harsh, breathing with their respiratory distress.**
- Rattling cough compelling the patient to sit up.
- **Aching pain is better if they move about.**
- With the paroxysms of coughing they become hot, red in the face, and covered with a hot sweat, with this profuse sweating there is apt to be a good deal of miliary rash.
- Cough aggravated in open air or by motion.
- **They feel too hot and they like air, but in spite of that they start coughing at once if you open the windows.**
- Hoarseness or sometimes complete loss of voice.
- **Expectoration copious, bloody, ropy or stringy; slips back again.**
- Right side is usually affected but it tends to spread from the right side over to the left. **It mostly affects right lower lobe or left upper lobe.**

RESPIRATION:

- Respiration loud, **rattling** or slow.
- Respiration difficult during cough or by bending forward; and ameliorated by bending backward.
- **Suffocation from excessive mucus in the trachea, bronchus and lungs.**
- In general they feel better in dry weather.

MIND:

- Intensely tired; they are weary, and phlegmatic, and just tired out. Yet underneath that tiredness there is definite anxiety.
- **Anxiety about her own state.**

There may be a past or family history of whooping cough, asthma or ischemic heart disease.

Chest X-ray may show emphysema, chronic bronchitis, pulmonary oedema and dilatation of the heart.

ON OBSERVATION:

- Flushed appearance. It is not a very bright flush but it is pretty general, and the patients give you the impression of being puffy and rather bloated looking.
- **Cold perspiration on the chest.**

ON EXAMINATION:

- Hypotension
- Oedema on dependant parts
- **Rales on chest auscultation - coarse rales, which are pretty generalized in the chest, and amongst them you will pick up definite patches of consolidation.**
- Pulse small, irregular or soft.

Stage 4: Late pneumonia

1. Antimonium tartaricum

It is useful for aspiration pneumonia and in neglected pneumonia in old people with **threatened paralysis of the lung.**

ONSET:

- Acute

A/F:

- Anger

FEVER:

- The upper and lower extremities are liable to become bluish, cyanotic, also the patients become very tremulous and, in spite of their general heat and aggravation from warmth, they very often complain of a feeling of coldness from about the knees downwards.
- Aggravated by any radiant heat.
- Palpitation of the heart during fever.
- **In spite of the dryness of the lips and tongue, patients are completely thirstless.**
- Loathing of food of any kind, any attempt to feed them on milk will produce acute nausea. **They have acute intolerance to milk.**

COUGH:

- **Rattling cough, with very little sputum expelled.**
- Excessive secretion of mucus.
- Acute nausea with the effort to expel that sputum, and they may actually vomit.
- **Great sense of oppression in the chest, and very often there is great soreness of the chest wall.**
- Owing to the extensive chest suffocation you will find the alae nasi flapping with obvious effort to get as much air in as possible, all the extra respiratory muscles like sternocleidomastoid are very prominent.
- They cannot bear any weight on the chest at all, they want to push the blankets off, they want to get them away from their neck, and even a thin blanket, will aggravate them.
- **Patients are sensitive to any stuffy atmosphere. They have acute air hunger; warm room always makes them uncomfortable.**
- Paroxysmal cough before midnight.
- Cough aggravated by lying down flat; and ameliorated by propped up in bed. Must sit up with cough.
- **Dyspnoea ameliorated by expectoration.**

- Cough is accompanied by sleepiness and cold perspiration.
- Expectoration thick, whitish, salty or sweetish.
- **Paralysis of lung due to congestion in the respiratory tract.**

RESPIRATION:

- Respiration rattling during sleep.
- Gaspings during cough.

MIND:

- **They are intensely distressed, and their main reaction is one of wanting to be left alone.** They will say 'For heaven's sake don't try to break the peace around me'.
- **They do not want to speak, they do not want to be spoken to, and very often they do not even want to be looked at.**
- The patients suffering a lot and you often find them lying panting for breath and moaning.

There may be a past history of pulmonary tuberculosis.

Chest X-ray shows pulmonary oedema.

ON OBSERVATION:

- They are pale, have a pinched look, bluish coloration of the skin, and are covered with a cold sweat.
- **The nose looks pointed, pinched, and sooty.**
- The lips are livid and dry, if the patients are approaching towards a collapse; the lips tend to be paler.
- **Thick, pasty, white coating on the tongue and the tongue looks just as if it had been painted with white enamel.**
- Respiration wheezing and stertorous.

ON EXAMINATION:

- Rales or rhonchi on auscultation of the chest
- Pulse is irregular

2. Arsenicum album

Arsenicum album is very useful for collapsed stage of a pneumonic crisis. It is useful for pneumonia in old, emaciated people or pneumonia after typhoid or after sudden acute septicemia or after threatened gangrene of the lungs. **Arsenicum album can be used in terminal stages. It is indicated in pneumonia due to secondary metastasis in the lungs.**

ONSET:

- Acute

A/F:

- Suppressed eczema.

FEVER:

- There is mental and physical restlessness.
- In the earlier stages of the collapse you will see the patient constantly tossing about, never still for a moment, and as the collapse goes on he gets weaker and weaker until he is hardly able to move.
- The patients are always intensely chilly. Very often there is almost a rigor; the patients keep shivering with cold, they want to be covered up, and they cannot bear any draught about.
- **Intense thirst, their mouths are parched and dry, and there is a constant desire for sips of water. In spite of their general chilliness, they want their water as cold as they can get it.**
- The collapse in Arsenicum cases takes place in the early hours of the morning, viz. between 1 o'clock and 3 o'clock and is most likely between 1 o'clock and 2 o'clock.

COUGH:

- **Violent, suffocative cough which makes them sit up in bed feeling as if they were going to strangle.**
- Cough that lingers for months after pneumonia.
- Cough is aggravated by ascending the stairs, or by lying or lying on left side or after eating.
- Intense compression in the chest
- **Tightness in the chest, as if they could not breathe at all.**
- Burning pain in the chest aggravated on coughing or on lying.
- **Scanty expectoration, because the patients do not seem to have the strength to get it up. Very often they cough it up into the back of the throat and just swallow it.**
- Expectoration rusty, purulent; it tastes nauseous, bitter or salty.
- Expectoration greenish in the morning.

RESPIRATION:

- Respiration panting, gasping or whistling.
- Clothing aggravates the respiration.
- Respiration impeded due to pressure on the chest or due to indigestion of food especially in young stressed out people.
- **Respiration difficult during sleep and better by sitting erect.**
- Respiration accelerated with heightened anxiety.
- **Asthmatic respiration from sudden change of weather.**

MIND:

- Extreme mental anxiety, extreme fear.
- The patient is certain he is going to die, he wants attention, wants somebody there, and is afraid of being left alone.

There will be a past or family history of diabetes, hypertension, cancer, angina pectoris or cerebro vascular accident.

Chest X-ray may show pulmonary effusion, hypertrophy of the heart, or pulmonary oedema.

ON OBSERVATION:

- They are pale, and livid looking, or they may be cyanotic, and the surface is covered with a **cold, clammy, sweat**.
- The lips are usually cyanotic.
- Tongue is dry. It may be red, or it may be brown, **but it is always dry**, dry to the touch, patient often complains of the mouth feeling burning hot.
- Emaciation

ON EXAMINATION:

- Anemia
- Cardiac murmurs
- Cyanosis
- Pulse frequent or full.
- Rales or rhonchi on chest auscultation
- Swelling of the feet
- Thyroid disorder

* Phosphorus or Sulphur is the drug with which one has to follow up after positive response from Arsenicum album.

3. Carbo vegetabilis

Carbo vegetabilis sometimes is difficult in terminal stages to differentiate from Antimonium tartaricum at first sight, however there are certain distinguishing points which I have seen in my clinical practice.

It is useful for pneumonia in old emaciated and leukemic or cancerous individuals; pneumonias that attack people in winters or pneumonia after typhoid and pulmonary tuberculosis.

ONSET:

- Subacute to chronic

A/F:

- Alcoholism
- Sexual excess

FEVER:

- The temperature tends to be less high in Carbo vegetabilis case than it does in Antimonium tartaricum.
- They both have an **intense air hunger**, but Carbo vegetabilis patients say that they have intense air hunger, and yet they feel terribly cold, whereas there is none of that feeling of terrible coldness in the Antimonium tartaricum patients.
- In Carbo vegetabilis you will get marked thirst, whereas in Antimonium tartaricum the patient is thirstless. Carbo vegetabilis patient wants sips of cold water, and very often complains of a very unpleasant, foul taste in the mouth.
- Involuntary movement of the hands.
- **Chest pain during fever.**
- Pneumonia is accompanied by stomach disorders
- Pneumonia is accompanied by coldness of the body.

COUGH:

- There is usually far more acute rawness in the chest in Carbo vegetabilis than in Antimonium tartaricum.
- **Both Carbo vegetabilis and Antimonium tartaricum have a feeling of dreadful oppression, which the patients describe either as an absolute weight sitting on the chest, or as the chest being full almost to bursting.**

- In Carbo vegetabilis there is always marked abdominal discomfort, a feeling of distension, fullness and flatulence, instead of the intense nausea of Antimonium tartaricum.
- As far as the position taken up by the two patients is concerned there is very little to distinguish them. They both want to be propped up, and they both want to avoid any constriction of the chest or round the neck, but the Carbo vegetabilis will allow you to put a single blanket up to keep them warm, whereas the Antimonium tartaricum simply cannot tolerate it.
- **They always sleep into an aggravation; they doze off and then wake up simply gasping for breath.**
- **Desire to be fanned with suffocative cough.**
- In the Carbo vegetabilis you mostly find that the sputum is just about as difficult as it is in Antimonium tartaricum; the patient will tell you it comes up so far and then they just cannot get it out.
- But instead of that effort to expectorate producing the vomiting that you meet with in Antimonium tartaricum, in Carbo vegetabilis it is very much more likely to produce an attack of extreme exhaustion, the patient lying back simply gasping for breath.
- **Expectoration frothy, copious, bloody or purulent; it tastes salty or putrid.**

RESPIRATION:

- Respiration arrested during cough and sleep.
- Respiration accelerated or rattling.
- Chest pain during inspiration.
- Respiration obstructed due to spasm in the chest which is aggravated during sleep.

MIND:

- Anxious from pressure on the chest. Anticipatory anxiety.

- **Confusion of mind as after being intoxicated; it is aggravated by metal exertion.**

There may be a past or family history of whooping cough, diabetes, gout, cancer, angina pectoris, or cerebrovascular accident.

Chest X-ray may show emphysema, pulmonary oedema, dilatation of the heart or empyema.

ON OBSERVATION:

- In appearance Carbo vegetabilis has the same pinched appearance, the same respiratory embarrassment, the same kind of flapping nose, and the same bluish colour.

The Carbo vegetabilis patient is a little bluer, and the Antimonium tartaricum patient a little more livid. In Carbo vegetabilis case there is less cyanosis of the extremities, which are more likely to be pale and covered with an icy, cold sweat.

- The lips of Carbo vegetabilis tend to be purplish and somewhat swollen.
- Instead of the white coating on the tongue which is so typical of Antimonium tartaricum you will get a dirty, yellowish-brown, very dry tongue in Carbo vegetabilis.
- Both these drugs are covered with a cold sweat.

ON EXAMINATION:

- Cyanosis
- Decreased partial pressure of oxygen and increased partial pressure of carbon dioxide.
- Wheezing on auscultation of chest.
- Pulse small, soft, thready or weak.

* In Carbo vegetabilis one is dealing with an acute collapse, there is dilatation of heart and heart failure, and one must obtain an effect fairly

quickly, my personal preference is to go high and give frequently until one gets a definite response.

4. Kalium carbonicum

Kalium carbonicum tends to be indicated at the end of the first week of illness, although you may get indications for it earlier. It is useful for people who are suffering from **rheumatic heart diseases** or **valvular heart diseases**.

It is indicated in pneumonia with lung metastasis in cancer patients.

ONSET:

- Acute as well as chronic

A/F:

- Suppressed anger
- Pneumonia after measles

FEVER:

- **Kalium carbonicum patients are not markedly thirsty; their mouth is dry, and they may want a little sip of water, but they are not markedly thirsty.**

COUGH:

- The cough tends to be dry, and **suffocative**.
- They are frightfully sensitive to any draft of air; it produces a violent attack of coughing, and a horrible sense of chilliness.
- **They always want to sit upright and unlike the other drugs, they lean forward and support themselves with their elbows on their knees or they like a table across the bed and they lean forward on that.**

- Violent chest pains during coughing. Stitching type of pain right through the chest, or acute stabbing pains in chest.
- Pain in the chest and ribs aggravated by any motion or violent coughing.
- **Profuse sweat while coughing.**
- The maximum involvement is on the left side of the chest rather than on the right, and, whichever side it is, it tends to involve the lower lobes rather than the upper.
- **Time aggravation is early hours of the morning, between 2 and 4 o'clock. But the worst period is about 3 o'clock in the morning.** (Quite frequently you will find Kalium carbonicum patients sitting up in the typical position, gasping for breath, about 3 o'clock in the morning, with horrible feeling of oppression and tightness in the chest and acute stabbing pains).
- **The sputum is scanty, difficult to expel, and very often it only comes up into the back of the throat and is swallowed.**
- Sputum tastes like **old cheese**, sour or **sweetish**.

RESPIRATION:

- Respiration loud, wheezing or arrested; aggravated on inspiration.
- **Respiration impeded from flatulence and accompanied by chest pain.**
- Respiration difficult in the night or during cough, sleep or pain; and it is always better by sitting erect or leaning forward.

MIND:

- **These patients dislike being left alone, they get more worried, more scared.**
- They are definitely sensitive, they are very easily annoyed, very easily irritated, and they are particularly sensitive to any noise in their immediate neighbourhood.

There may be a past or family history of **cancer, pulmonary tuberculosis** or **thyroid** disorders.

Chest X-ray shows pulmonary oedema.

ON OBSERVATION:

- **The appearance of a patient is always pretty exhausted by their attack. He looks rather pale, flabby, and washed out, and has a sort of haggard, exhausted appearance.**
- The patient always has an anxious, worried, rather frightened expression. And with that there is tremor of the facial muscles, and twitching of the hands and fingers; he picks at the fingers, and picks at the bedclothes.
- The lips tend to be cyanotic, dry, and cracked.
- Tongue feels as if it had been **scalded**; it is dry and red and has this **burnt feeling**.
- Pulse is weak without a great deal of tone in it.

ON EXAMINATION:

- Anemia
- Dropsy
- Hypertension
- Cardiac murmurs
- Pulse slow, soft and small or frequent, full and hard.

5. Sulphur

There are various occasions in pneumonia in which you may want Sulphur. It may be indicated in any stage of the disease from the fourth day onwards. The important indication is in those difficult cases which is not clearing, one in which you have had indications for a drug which has done a certain amount of good, then you have had indications for another drug which again has done some good, and finally you cannot get clear indications for

anything and the patient is not yet well. **An intercurrent dose of Sulphur will set up a response.**

Or in a case where symptoms are improving but physical signs or x ray is not improving to ones satisfaction; few doses of Sulphur will often clear up the whole thing, resolution starts and remaining patches in the lung starts clearing up.

ONSET:

- Subacute to chronic

A/F:

- **Alcoholism**
- Cold wet weather
- Grief or silent grief

FEVER:

- Alternating waves of heat and cold. (You will very often find they have hot patches and cold patches, for instance, a hot head, or hot hands and feet, associated with chilliness in the back. This irregular distribution of heat and cold which is typical of the Sulphur pneumonic patient).
- **Constant moaning during heat stage.**
- Stupification during fever.

COUGH:

- **Cough is always associated with acute pain in the chest, which extends right through to the back.** (In pneumonias the Sulphur patients develop a very irritating cough.
- Intense oppression of the chest, as if a ton weight is sitting on chest.
- Severe paroxysm of coughing after they have been asleep. Very often after being asleep they wake with a horrible feeling of pulsation in the

chest, accompanied by acute anxiety and a feeling that they are going to die.

- Very exhausted, they tend to slip down in the bed, and if they lie down in bed the respiratory distress increases.
- **Cough aggravated by eating or drinking, lying down; and better in a warm room or by warm drinks. Must sit up while coughing.**
- Cough is accompanied by salivation or cold perspiration.
- **They have acute air hunger; they want as much air about them as they can get, and they are very uncomfortable if the room is ill ventilated.**
- The left side of the chest and lung is more involved than the right.
- Chelidonium also has pains from chest that extends to back esp. scapula, the difference between sulphur and Chelidonium is that sulphur has a pain that starts from left side of the chest.
- The sputum is scanty, bloody, purulent or rusty. It tastes nauseous, salty or bitter.
- Horribly dry mouth, which is often offensive.
- **The tongue is thickly coated, rather dirty, with intense thirst.**
- Aggravation at **5 o'clock in the morning**. The patients wake up with the horrible feeling in their chest with exhaustion. They feel there is something wrong in their body and they are going to die, at the same time they have severe diarrhoea.

The next period of aggravation is about **11 o'clock in the morning**, between 11 and 12. At that time patients develop empty all gone sensation, especially in the epigastrium, laziness, sadness and a severe miserable state.

RESPIRATION:

- Respiration accelerated, panting, wheezing or arrested.
- **Respiration difficult during fever or after midnight; and better by warm application and by sitting or sitting bent forward.**

- Respiration impeded from pressure in the chest or from flatulence.

MIND:

- Feeling of intense **weariness**.
- They feel terribly sick, low spirited, and constantly complaining.
- There is one characteristic thing in these Sulphur pneumonias, and that is that in spite of the fact that they often wake up in this **acute distress** they quite frequently tell you that while they are asleep they have singularly pleasant, peaceful dreams. It is about the only drug in the Materia Medica which has that **peaceful dream** in a distressful condition like pneumonia.

There may be a past history of diabetes, hypertension, leukemia, hyperthyroidism, angina pectoris, pulmonary tuberculosis, cancer or cerebrovascular accident.

Chest X-ray shows **pulmonary oedema** and hypertrophy of the heart.

ON OBSERVATION:

- In appearance Sulphur patient is very dusky and dirty looking. **All the orifices tend to be red, the lips are red, the nose gives the impression of being red, the ears are red, very often there is a mild blepharitis, the eyes look congested and red, and the patient gives you the impression of being dirty and untidy.**
- The tongue is thickly coated, rather dirty.
- They are always sweaty, and it is a hot, offensive smelling sweat.

ON EXAMINATION:

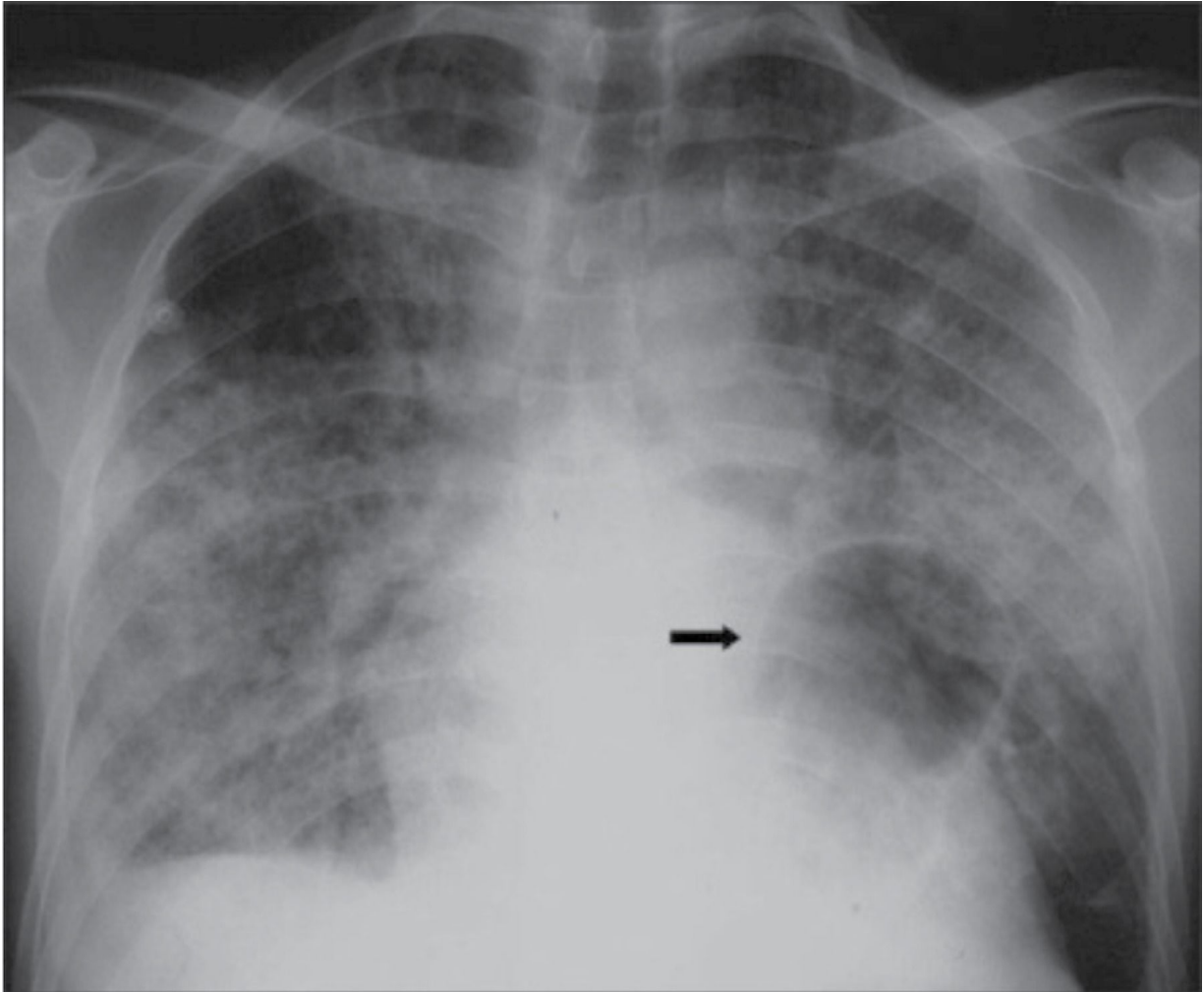
- Swelling of the feet.
- Wheezing on auscultation of the chest
- Cardiac murmurs.
- Pulse small or strong.

***Sulphur is a useful remedy for pneumonia with nephritic syndrome or cirrhosis of liver; pneumonia with threatened gangrene of the lung; or pneumonia after myocardial infarction.**



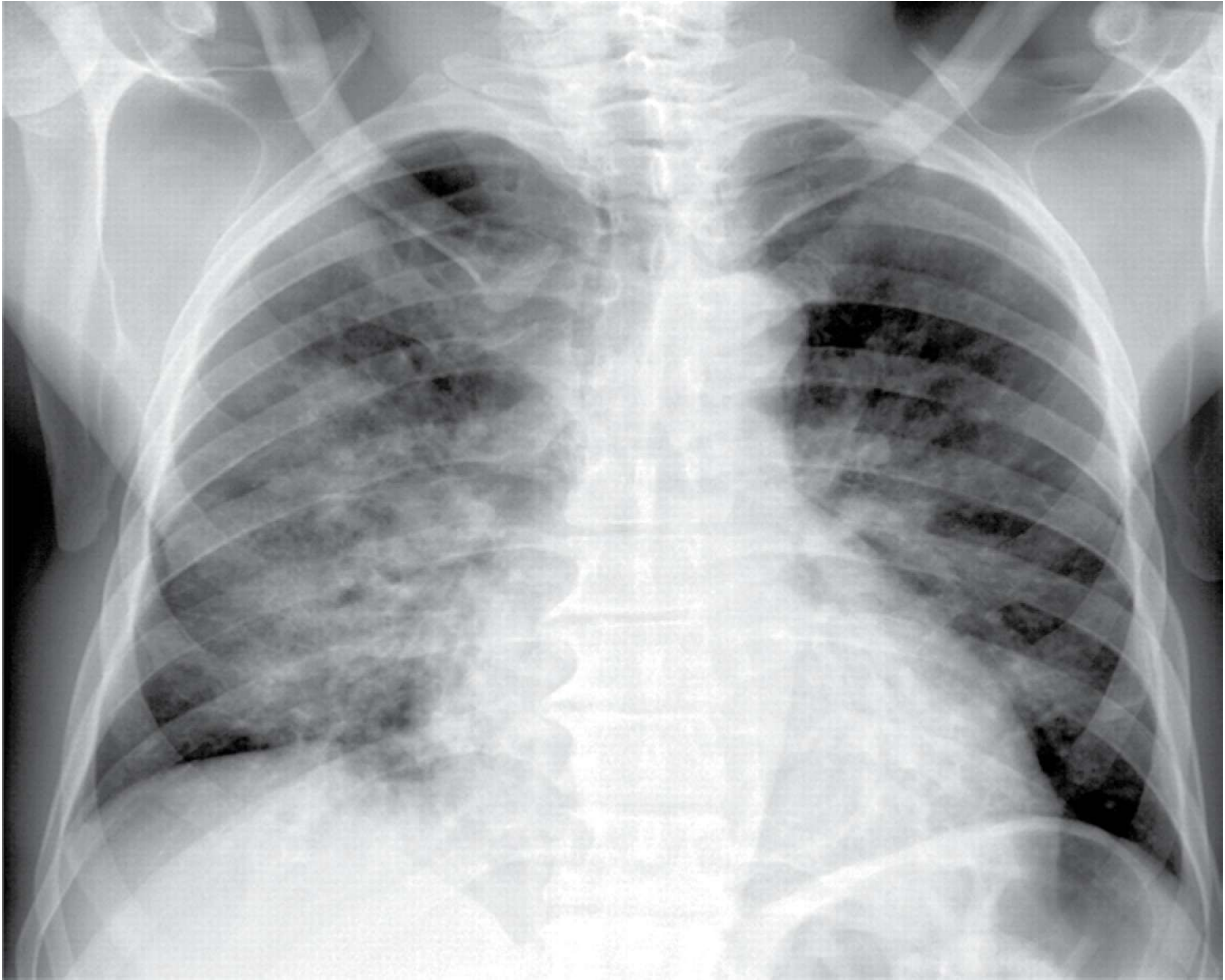
Digitalis purpurea

1. A known case of ischemic heart disease with pneumonia
2. Respiration difficult ameliorated by sitting bend forward
3. Wants doors and windows open
4. Rattling respiration without expectoration
5. Cough aggravated on breathing deep
6. Cough from mucus in the larynx
7. Cough short
8. Anxiety in the region of the heart
9. Pulse weak and slow



Opium

1. A known case of chronic bronchitis with pneumonia
2. History of chronic smoking
3. Respiration arrested during cough and during sleep
4. Desire to take deep breath
5. Difficult to expand the chest
6. Respiration loud and rattling
7. Cough worse after midnight



Sulphur

1. A known case of hypertension with diabetes mellitus with cardiomegaly
2. Respiration arrested during cough and during sleep
3. Respiration difficult loosening the clothes ameliorates
4. Lying on back agg
5. Sitting erect amel
6. Talking agg
7. Rattling respiration
8. Cough morning rising after
9. Cough before midnight

10. Wakes up from the sleep due to coughing
11. Cough better by eating candy sugar

PULMONARY ASPIRATION

Aspiration is defined as the entry of secretions or foreign material into the trachea and lungs. This in turn may produce obstruction of the airways and/or chemical inflammation of the lung. The patient may either inhale the material, or it may be blown into the lungs during positive pressure ventilation or CPR.

As the right main bronchus is more vertical and slightly wider than the left, aspirated material is more likely to end up in this branch or one of its subsequent bifurcations.

Causes

Any condition which compromises a patient's level of consciousness and/or gag reflex is a risk factor for pulmonary aspiration.

1. Causes of unconsciousness where aspiration may occur include trauma (especially head injuries), poisoning (including drug/alcohol overdose), general anaesthetics, and diseases or metabolic conditions.
2. Gastroesophageal reflux, a full stomach, pregnancy, and obesity all increase the risk of aspiration in the semiconscious.
3. Acute alcohol poisoning is a relatively common cause of severe pulmonary aspiration as the alcohol renders the victim unconscious and can induce vomiting.
4. Patients with neurological conditions may also aspirate food or drink.
5. Nasogastric tube feeding
6. Neuromuscular diseases
7. Seizures or post-actual states

8. During labour, early respiratory movements by the baby facilitate filling of alveolar ducts and alveolar lumens with elements of amniotic fluid: amniotic cells, squamous and squamous cells from fetal skin, lanugo, and meconium.

Consequences

If enough material enters the lungs, the patient may simply drown. However, small volumes of gastric acid contents can fatally damage the delicate lung tissue. Even small volumes of aspirated food may lead to bronchopneumonia infection. Chronic aspiration may lead to bronchiectasis and may cause some cases of asthma.

Clinical Signs and Symptoms

The clinical signs and symptoms are typically those of a chemical pneumonitis and develop rapidly, usually within two hours, following the aspiration.

These symptoms and signs include dyspnoea, cough, fever, wheeze and cyanosis.

These signs and symptoms may be partially or completely obscured by the clinical features (especially CNS depression) of the precipitating intoxication.

Diagnosis

The diagnosis may be confirmed by the presence of an infiltrate on chest X-ray and/or relative hypoxaemia, or by bronchoscopy.

Differential Diagnosis

1. Non-cardiogenic pulmonary oedema
2. Pneumonia of infectious origin
3. Pulmonary emboli
4. Respiratory Distress Syndromes (e.g. ARDS)

Investigations

1. Chest X-ray shows diffuse bilateral infiltrates (massive aspiration) or densities in dependent lung segments (posterior segments of upper lobes, superior segments of lower lobes and basilar segments of lower lobes).
2. Arterial blood gas analysis: Hypoxaemia and respiratory acidosis. Alveolar-arterial O₂ gradient correlates with severity of pneumonitis.
3. Bronchoscopy.

Treatment

Initial management is supportive and includes:

1. Establishment of airway patency
2. Ensuring adequate ventilation
3. Administration of supplemental oxygen
4. Vigorous airway suctioning to remove any residual aspirated material
5. Nebulised bronchodilators
6. Fluid therapy to maintain normovolaemic state

Prophylactic antibiotic therapy is not indicated. Antibiotics should only be given to treat bacterial superinfection.

Corticosteroids are of no benefit and may be detrimental.

Bronchoscopy is useful in those patients suspected to have aspirated large particles that might be retrieved from the airway (suggested by persistent atelectasis).

Clinical Course and Monitoring

Mortality is dependent on the extent of the initial aspiration and correlates with both the extent of the radiologic infiltrate and the arterial-to-alveolar oxygen tension ratio.

Most patients improve rapidly. The chest X-ray infiltrates usually resolve within two weeks.

Clinical deterioration occurring at about 48 hours following the aspiration indicates likely bacterial superinfection. This deterioration is marked by recurrent fever, leucocytosis, development of purulent sputum and a new or extending pulmonary infiltrate on X-ray.

Prevention

The lungs are normally protected against aspiration by a series of protective reflexes such as coughing and swallowing. Significant aspiration can only occur if the protective reflexes are absent (in neurological disease, coma, drug overdose, sedation or general anesthesia). In intensive care, sitting patients up reduces the risk of pulmonary aspiration and ventilator associated pneumonia.

Measures to prevent aspiration depend on the situation and the patient. In patients at imminent risk of aspiration, endotracheal intubation by a trained health professional provides the best protection. A simpler intervention that can be implemented is to lay the patient on their side in the rescue position (as taught in first aid and CPR classes), so that any vomitus produced by the patient will drain out their mouth instead of back down their pharynx.

People with chronic neurological disorders, for example, after a stroke, are less likely to aspirate thickened fluids.

The location of abscesses caused by aspiration depends on the position one is in. If one is sitting or standing up, the aspirate ends up in the posterior basal segment of the right lower lobe. If one is on one's back, it goes to the superior segment of the right lower lobe. If one is lying on the right side, it goes to the superior segment of the right middle lobe, or the posterior basal segment of the right upper lobe. If one is lying on the left, it goes to the lingual.

Homoeopathic Treatment

1. Antimonium tartaricum

Constant cough, worse from constriction in larynx, patient must sit up. **There is great accumulation of mucus, with coarse rattling.** Cough accompanied by cold perspiration and sleepiness.

Respiration is difficult, better in open air or patient wants to be fanned, sitting erect and worse during cough or during sleep or in the night especially after midnight, or in the morning or after lying down, lying down is impossible, patient has to bend forward to get some relief. Face becomes cyanotic with difficulty in breathing.

There is gasping for breath during cough; loud expiration. **Respiration is stertorous and rattling with coldness of lower extremities.**

On Observation:

1. **Cold perspiration of forehead**
2. **Cold perspiration of the face**
3. Cracked lips
4. Desire to close his eyes
5. Dilated nostrils
6. Discoloration of lips: pale, red or blue
7. **Eyes half open**
8. Face bloated
9. Facial expression pinched, suffering
10. Jerking of the head
11. **Nose pinched or pointed, sunken**
12. Prominent linea nasalis
13. Respiration accelerated
14. Skin goose flesh
15. Tongue pale, brown, red tip, yellow or white

16. Twitching of the face during cough
17. Wing like motion of nostrils

On Examination:

1. On auscultation fine rhonchi.

2. Arsenic album

It is a useful remedy for cough after pneumonia. Arsenic patients are quiet, alert but restless and anxious. **They constantly desire death or presentiment of death.**

Respiration accelerated, gasping, rattling or wheezing. Respiration difficult worse in the night especially after midnight; must jump out of the bed, or ascending, exertion, motion or when lying with head low, lying is impossible they have to bend forward to get relief. Respiration is worse by cold food; exertion; and better by sitting erect; warm application or open air. **Face becomes bloated and cyanotic.**

Cough is loose which is worse by cold; midnight; lying down and better by sitting in erect position or warm drinks.

Expectoration is frothy, bloody and copious.

X-ray of the chest may show bilateral infiltrates and dilatation of the heart.

On Observation:

1. Bleeding gums
2. Cachexia
3. **Coldness of the nose**
4. Constant motion of the head
5. Dilated nostrils

6. **Drooping of the jaw**
7. Enlarged veins of the eyes
8. Epistaxis
9. **Face bloated**
10. Face lead colored, pale, sickly
11. Facial expression anxious, confused, distressed and old looking
12. Glassy appearance of the eyes
13. Horrible odor from the mouth
14. Nose pointed or knobby
15. **Perspiration of the face**
16. Pupils contracted
17. Respiration accelerated
18. Restlessness, keeps changing his position
19. **Tongue cracked, white, black or bluish**
20. Wrinkled forehead

On Examination:

1. On auscultation cardiac murmurs
2. Pulse **frequent** or irregular and small or **weak** and almost imperceptible

3. Arsenicum iodatum

This is especially indicated for anemic subject who have irritable temperament and are subjected to extreme lassitude, they are both **sensitive to heat and cold**. They look quite **emaciated** and have induration of glands in different parts of the body.

They mainly complain of dyspnoea worse just before midnight, ascending stairs, exertion, lying down, motion and warm room; and better in open air. They want doors and windows open.

Respiration is irregular, rattling, wheezing and asthmatic especially after midnight.

Cough is deep, hacking, spasmodic and suffocative worse in warm room or by talking.

Expectoration is bloody, purulent and stringy.

There may be past history of tuberculosis, bronchitis, pneumonia, malignancy, abscess of lung, aneurysm and epistaxis.

X-ray chest shows pulmonary oedema, dilatation of the heart. It may also show tuberculosis.

ECG shows angina.

On Observation:

1. Eyes sunken
2. **Face discoloration blue**
3. Face sunken
4. **Nose discoloration red**
5. Perspiration on the forehead
6. Respiration accelerated
7. Speech difficult
8. Tongue indented

On Examination:

1. On auscultation cardiac murmurs
2. Abdomen ascites
3. **Liver and spleen enlarged**

4. Carbo animalis

This is frequently indicated in elderly people who are comatose or stuporous or chronic invalid old people with feeble circulation and great debility.

Respiration gets arrested during cough. Respiration becomes difficult on lying on side. As soon as he falls on sleep respiration gets affected.

Respiration rattling and panting.

Dry, irritating cough lying on side.

Expectoration is bloody.

There may be past history of tuberculosis, cancer, goiter, epistaxis or piles.

On Observation:

1. Abdomen distended
2. Bleeding gums
3. **Cold perspiration on the face**
4. Expression pinched or sickly
5. Extreme thirst but thirstless during fever
6. Eyes look dull
7. Face discoloration bluish or red
8. **Frothy and profuse saliva**
9. Hiccoughs after eructations
10. Ineffectual eructations
11. **Marked desire in open air in general**
12. Nausea after eating or drinking
13. Nausea felt in the throat
14. Offensive odor from the mouth
15. Perspiration between thighs or feet
16. **Perspiration clammy on scalp and forehead**
17. Respiration gasping, panting or rattling

18. Speech difficult
19. Stool difficult
20. Tongue yellow in the centre and red in the side
21. Urine reddish or yellowish orange
22. **Voice can be weak**
23. Vomiting accompanied by cough
24. Vomiting after eating

On Examination:

1. Examination of eyes shows cataract
2. Pulse frequent, **intermittent** and **irregular**

5. Carbo vegetabilis

Carbo vegetabilis patients can be distinguished from a distance by looking at their pinched appearance of the face. Flapping of the alae nasi; bluish discoloration of the face, there is not much cyanosis. **Extremities are cold, icy cold or pale.** There is intense air hunger. Even though they are extremely chilly and freezing cold they have an intense air hunger. The lips are purplish and swollen. **The tongue is dirty yellow or yellowish brown.** The person is **extremely thirsty, wants sips of cold water.**

Respiration rattling, sighing and stertorous. Respiration is difficult on exertion, walking, motion, after eating, closing the eyes and by lying with head low and in warm room they want to be fanned; and better by sitting erect and after eructation.

Expectoration is extremely difficult and he gets extremely fatigue and exhausted the moment he tries to expectorate. The patient usually wants to be propped up; they want to avoid any constriction of the chest or round the neck. They would not allow the nurse to keep any blanket on the chest.

Throat choking; swallowing is difficult but painless especially of solids.

Like Lachesis they always tend to sleep into aggravation. They dose off and then wake up simply gasping for breathe due to pulmonary oedema. Many times they develop concomitant heart failure.

On Observation:

1. **Extreme thirst, wants sips of cold water**
2. **Eyelids are difficult to open they keep on closing**
3. Eyes are sunken
4. Face discoloration red or yellow
5. Froth from the mouth
6. Lips swollen
7. Nose is pinched
8. **Picking at nose**
9. Profuse salivation
10. **Respiration is gasping, rattling and stertorous**
11. Speech is difficult

On Examination:

1. Pulse is intermittent, irregular and imperceptible or small, soft and weak.

6. Crotalus horridus

During an episode of aspiration in *Crotalus horridus* the main difficulty in breathing is near the area of larynx where the patient feels as severe constriction. This becomes worse when he attempts to sleep; also when he wakes up he may have severe difficulty in breathing.

Accompanied with this respiration is a choking type of cough. The patient keeps on pointing a dry spot in the larynx which is responsible for cough.

Cough is worse by talking; cold air; and waking on.

There may be bloody expectoration which is black and dark.

There may be stitching pain while coughing and sneezing.

Palpitation accompanied difficulty in breathing.

There may be past history of tuberculosis, cirrhosis of liver, appendicitis, pancreatitis or hepatitis.

X-ray chest shows may diffuse bilateral infiltrates in dependent lung segments or pulmonary oedema.

ECG shows ST-T wave changes.

CT-scan shows cancer of bronchus.

On Observation:

1. Expression is anxious and besotted
2. **Face is discolored- dark, red**
3. Mild protrusion of the eyes
4. Red discoloration of the eyes
5. Respiration irregular, jerking, puffing
6. **Respiration is accelerated (In the terminal stages the respiration can be slow)**
7. **Saliva is frothy**
8. Tongue discoloration – dark brown or yellow
9. Urine: albumin present
10. **Uvula elongated**
11. Voice rough and weak

On Examination:

1. **Oedema of the glottis**
2. Asphyxia
3. On chest auscultation cardiac murmurs
4. Anemic
5. **Cyanosed**
6. Dropsy on dependant parts
7. Pulse frequent, full, irregular or can be imperceptible, slow, soft and weak

7. Cuprum metallicum

There is severe apnoea, marked oppression of breathing, patient is unable to speak or swallow few drops of water. Great prostration, Cold clammy sweat.

Respiration is difficult on swallowing, walking or walking against the wind and during cough. **Respiration is impossible when mouth or nose is covered with handkerchief or oxygen mask. Patient feels constriction in the region of xiphisternum.** They must use accessory muscles of respiration. Face becomes bloated and cyanotic, and facial expression is hippocratic, haggard, suffering or sunken.

Long, paroxysmal or uninterrupted cough which is worse between 11 p.m. to 1 a.m., after slightest cold, inspiration or any act of swallowing. **Gurgling sound of the cough.**

X-ray chest may show bilateral diffuse infiltrates and pulmonary oedema.

On Observation:

1. **Bluish discoloration of lips**
2. Clenched jaw
3. Cracked lips
4. Dilated nostrils

5. Distortion of head
6. **Eyeballs turn upward**
7. Eyelid may show snapping movement
8. Face bloated
9. **Facial expression hippocratic, haggard, pinched, suffering or sunken**
10. Flexion of thumb into the palms
11. **Gurgling in esophagus after coughing or on swallowing**
12. Hoarse voice
13. **Icy coldness of lips**
14. Jerking of the limbs
15. Motion of the head
16. Patient takes long pause before replying
17. Pointed nose
18. **Pupils dilated and sluggish**
19. Reddish patches on the face
20. Respiration gasping, panting, rattling, jerking or slow
21. Rolling of eyeball
22. Sinuses of face
23. Slow inspiration
24. **Speech impaired**
25. Swallowing noisy, impossible for solids
26. **Thirst for cold water**
27. Tongue brownish, gray or yellowish white
28. Unable to hold the head

On Examination:

1. Pulse weak, soft or small

8. Digitalis purpurea

Respiration accelerated and difficult after exertion and walking; they want doors and windows open. **They gasp for the air and desire to breathe deep.**

Respiration is arrested worse during sleep or while going to sleep and while talking. Face becomes bloated and bluish. Gaspings **respiration** during sleep.

Cough is worse while brushing teeth, bending forwards and eating or after eating.

Expectoration bloody black or bloody dark and copious in the morning.

X-ray chest shows bilateral diffuse infiltrates or pulmonary oedema.

On Observation:

1. Bores his head into pillow
2. **Cold perspiration on the head**
3. Death presentiment
4. **Face bloated**
5. Face sunken
6. Facial expression pinched and sickly
7. Lips are pale
8. **Pupils insensible to light, irregular, sluggish**
9. Respiration panting, gasping, sighing and rattling
10. Restlessness
11. Saliva frothy
12. Tongue clean, bluish or black
13. **Veins of forehead distended**
14. Veins of the eyes enlarged

On Examination:

1. **Pulse slow, small, soft and slower than the heart beats**

9. Hyoscyamus Niger

Hyoscyamus niger is usually indicated in people who are suffering from meningitis, encephalitis and in cases of coma or cerebro vascular accident patients.

Severe asphyxia on coughing or during sleep and better by sitting erect.

Gasping respiration during cough. Whatever the person eats it descends into the larynx. Rattling in the larynx.

Cough as soon as the patient lies down. Cough paroxysmal and short, patient must sit up.

Expectoration is brownish and mucous.

There may be past history of epistaxis, piles, worms, bronchitis, pneumonia or tuberculosis.

On Observation:

1. Abdomen distended
2. **Choking on attempting to swallow solids as well as liquids**
3. Cracked lips
4. **Expression haggard, intoxicated or vacant**
5. Face bloated
6. Face discoloration bluish, pale or red
7. Face sunken
8. Foam from the mouth
9. Involuntary movement of the head

10. Mucous tenacious
11. Nausea while coughing
12. Offensive odor from the mouth
13. **Painful violent hiccoughs**
14. Perspiration on the face
15. Pupils contracted
16. Pupils insensible to light
17. Pupils unequal
18. **Respiration panting, rattling or stertorous**
19. Salivation profuse
20. Speech difficult and thick
21. **Thirst for small quantity and often**
22. Tongue discoloration brown
23. Urine cloudy
24. Vomiting frequent or after eating or drinking
25. **Vomiting of whatever he has eaten**

On Examination:

1. **Gag reflex absent**
2. Pulse frequent and small or slow and irregular

10. Ipecacuanha

In pulmonary aspiration of Ipecac there is strong gastric component like nausea, vomiting and retching. He gets bouts of violent dyspnoea accompanied by coughing and epistaxis. **The dyspnoea is worse by exertion, motion, walking, ascending, during cough and on lying down; and better in open air and by sitting erect. They want doors and windows open.**

Respiration is accelerated, anxious, obstructed, moaning and gasping; they desire to breathe deep.

There is a presence of cough which is worse when going in to open air, exertion, lying on sides or back, eating fatty food and better by warm application.

The cough is usually aggravated in stuffy atmosphere. Expectoration is bloody, difficult and frothy.

There may be a past history of pulmonary tuberculosis, epistaxis, bronchopneumonia, pneumonia and pulmonary tuberculosis.

X-ray chest shows pulmonary oedema. It may also show pulmonary tuberculosis.

Bronchoscopy may show hemorrhages within the bronchus and lot of secretion with excessive mucus.

On Observation:

1. Abdomen distended
2. **Cold perspiration on the forehead while coughing**
3. Continuous gagging especially while coughing
4. Excoriation of corner of mouth
5. Expression anxious
6. **Extreme thirst or complete thirstless**
7. Eyes red as if inflamed
8. Face blotted
9. Face discoloration bluish while coughing
10. **Perspiration on scalp while coughing**
11. Prominent linea nasalis
12. Pupils sluggish and contracted
13. **Respiration accelerated, moaning, rattling and stertorous**
14. Saliva frothy

15. Severe dyspnoea accompanied by vomiting and retching
16. **Tongue discoloration white, thick white especially in the centre or brown**
17. Urine brown or yellow

On Examination:

1. Pulse is small, soft and weak
2. On auscultation of abdomen lot of rumbling and gurgling

11. Kalium carbonicum

In pulmonary aspiration patient is **anxious** and **nervous**. They cannot bear to be touched; they get startled when touched ever so lightly especially on the feet.

It is indicated for aspiration pneumonia mainly in chronic invalid people who during bout of coughing may aspirate the content of stomach in the lungs.

They dislike being left alone, they want people around as they are afraid of staying alone; they feel as if something may happen.

When they cough they break in to sweat. The cough is usually worse after midnight or when exposed to cold air or after drinking or eating. There can be loose cough without expectoration.

The cough is worse when lying on the back as well as lying on the sides. It comes in paroxysms but the paroxysms are short and after midnight there is a typical suffocative type of cough. **The cough becomes extremely violent as midnight approaches; as soon as the person attempts to sleep cough starts.**

There is horrible sense of chilliness in his body. They always want to sit upright with respiration distress or they may like to lean forward keeping the elbow on the knees. Respiration gets arrested while coughing.

The dyspnoea which accompanies aspiration is worse after midnight, lying on left side, lying with head low, or inspiration and better by bending forward.

Expectoration is bloody, difficult, greenish or purulent.

During pneumonia patients can have stitching pain in the chest while coughing; with the pneumonia they have a good deal of flatulence and eructations.

There may be past history of tuberculosis, emphysema, pneumonia, angina, valvular heart disease, ischemic heart disease, hypertension, cardiac dropsy, cancer, epistaxis, sinusitis, or goiter.

X-ray chest may show pulmonary oedema.

On Observation:

1. Bag like swelling below the eyes and between the upper eyelid and brows
2. **Cold perspiration on the forehead**
3. Conjunctiva injected
4. Cracked upper lip
5. Eructations empty and loud
6. Expression haggard or suffering
7. **Extremely chilly who like cover themselves**
8. Face bloated
9. Face discoloration pale or red
10. **Face is puffy and mild tremors on the facial muscles**
11. Perspiration on scalp during sleep
12. **Perspiration upper lip**
13. Respiration rattling
14. **Swallowing difficult especially solids, gets choked on making any attempt to eat or drink**

15. **Thirsty but wants to drink little sips even though the mouth is dry**
16. Throat perspiration
17. Tongue red
18. Twitching of hands and fingers
19. **Whatever the person eats turns in to gas**
20. Wrinkled forehead

On Examination:

1. Pulse frequent, intermittent or irregular or slow

12. Kalium sulphuricum

Kali sulph. is indicated for people who are born tired, lazy and lethargic.

They are slow in the movements however they are highly prone to pneumonia, broncho-pneumonia including aspiration pneumonia.

With pneumonia they usually have flushed face with profuse secretion of mucus in the lungs characterized by loose cough with out expectoration which is worse on lying and in a warm room but better in the open air.

Expectoration is greenish, mucus, purulent which slips back in to the throat after raising it. Along with the cough there is rattling mucus which is worse during sleep and coughing.

Dyspnoea is better in the open air.

There may be past history of bronchitis especially winter bronchitis, otitis media, cancer, epistaxis and hemorrhoids.

On Observation:

1. **Coldness of hands and feet**
2. Expression suffering
3. Face discoloration pale
4. Face sunken
5. **Nausea during cough**
6. Offensive odor from the mouth
7. Perspiration of scalp
8. Retching with cough
9. **Stool difficult even though soft**
10. **Swelling of lower lip**
11. Thirsty
12. Tongue yellow on the base or white

On Examination:

1. Liver enlarged
2. **Pulse is irregular, slow and small**

13. Lachesis muta

Lachesis patients usually develop symptoms related to pulmonary aspiration after surgery. **The patient that you are going to see will be extremely toxic; his expression will be cyanotic and mottled.** The face is puffy.

Lips become swollen and cyanotic; speech thick due to difficulty in articulations. Sometimes pulmonary oedema patient may go into a delusion especially somebody is going to poisoned them. **Tongue is dark, swollen, red, sticky salivation.**

Great fear to lie down because of suffocation, dread to lie down also because they start severe coughing, and associated with violent headache. They feel as if the blood from the body is rushed or forced into

the head. **Head is hot and bursty, at the same time legs and feet are icy cold.**

Many times I have seen Lachesis patient complaining of feeling of fullness in the chest just behind the sternum. The collection of fluid in the lungs is more on the left side. They cannot bear to have anything close around the neck as they would be strangulated. They are unable to bear any pressure on the chest even of the blanket.

Sputum is scanty; sometimes the patient feels to expectorate but the expectoration gets stuck half way in the respiratory tract and they cannot expectorate it further.

The skin of the chest is extremely sensitive to touch. The person hates any strong odor especially of tobacco in the room where he is lying down.

They are extremely hot and like hot stuffy room. They have a marked aggr after sleep. Sometimes they wake up from the sleep quite distressed. **One can also observe fine tremors in the hands.**

Cough is worse after eating, excitement or waking on and better by expectoration.

Respiration accelerated and arrested during cough or during sleep and better by bending forward or bending head backward.

Respiration gets difficult on slightest exertion or lying down and better by sitting bend forward or erect.

On Observation:

1. Bleeding of lips
2. Bloated face
3. **Cold perspiration on the face**
4. Constant disposition to swallow
5. Cracked lips

6. Epistaxis
7. **Excessive dyspnoea in nose**
8. Expression haggard and vacant
9. Eyes discoloration red
10. Eyes sunken
11. Face discoloration red or pale
12. Injected conjunctiva
13. Nose pointed
14. **Picking at nose till it bleeds**
15. Pupils dilated and insensible to light
16. Swelling on the lips
17. Throat choking during sleep
18. Tongue cracked
19. Tongue discoloration brown and yellow
20. **Tongue trembling**

On Examination:

1. Pulse frequent, full or slow and small and sometimes thready

14. Lobelia inflata

Observing the Lobelia patient one gets a feeling that they are very ill, they look pale and sweaty. **There is severe air hunger, they want to be left quiet but they do not want to be left alone.**

They always complain of **severe oppression of the chest**. There is severe dry, exhausted cough accompanied by nausea. Any motion aggravates the cough and nausea. **Nausea accompanied by salivation and it is better by drinking or eating.**

Respiration arrested during cough. Respiration gets difficult on slightest exertion, motion and on lying down or ascending the stairs, in cold

air, and after warm food.

Tenderness of the sacral bone or discomfort of the sacral bone is strong concomitant of Lobelia.

On Observation:

1. **Cold perspiration of forehead**
2. **Cold perspiration on the face**
3. Coldness of teeth
4. Coldness of the face
5. Disposition to hawk
6. Oedema of the chest wall
7. Respiration accelerated
8. **Tongue white**
9. Viscid saliva

On Examination:

1. Pulse fast and thready or intermittent and small or frequent

15. Lycopodium clavatum

In majority of cases of pulmonary aspiration you will not think of Lycopodium as the first remedy but if you study the case very closely you will not miss Lycopodium.

The patient looks quite anxious, face blotted especially between the eyes. The jaw is slightly clenched; face looks earthy grayish or pale. **Expression is confused and pinched.**

Respiration is accelerated as soon as the person makes an attempt to sleep the respiration gets arrested. Usually the episode of dyspnoea

comes late in the afternoon or after midnight. **Lying on the back or on the left side is impossible.**

Any sort of exertion or motion will also aggravate the situation. This discomfort in respiration is associated with gastric concomitant of eructation and flatulence. Sitting erect gives a big relief to the patient.

They have a frown on the forehead. The lips tend to be cyanosed. Emotionally they are quite anxious and constantly needing attention. They are domineering, even when they are breathless, with their attendants. **Whenever they wake up from the sleep they tend to be peevish and irritable.**

Associate with respiratory distress they have a pinched nose and a good deal of flapping of alae nasi or there can be twitching of the muscles of the face. The teeth are yellow. They complain of sour taste in the mouth. Tongue tends to be coated white. **Most of the patients are not at all thirsty but if they are thirsty they are thirsty for warm drinks.** However if they drink more it produces sense of fullness and distension in the abdomen.

The cough is difficult after midnight. Cough is barking, hoarse, hollow and loose. Cough is worse on ascending stairs and lying on side and better lying on back.

Often patient complain of rawness in the chest after coughing. Sputum is scanty, bloody, gelatinous, frothy and purulent tasting like an old cheese or salty.

Most of the Lycopodium patients, during an attack, are chilly. They are sensitive to cold but they dislike warm weather or stuffy room. There may be palpitation during the attack aggravated by lying on left side. Mostly the pulmonary oedema occurs on the right lung than the left.

There may be a past history of valvular heart disease, cerebrovascular accident, aneurysm, osteoporosis, eosinophilia, high

cholesterol, hypertension, thyroid, tobacco smoking, post nasal catarrh, epistaxis and nasal polyps.

X-ray chest may show pulmonary tuberculosis, pneumonia or bronchitis.

ECG may show ST-T wave changes and cardiac hypertrophy.

On Observation:

1. **Cold perspiration on the face**
2. Perspiration on the forehead
3. Respiration gasping, wheezing and whistling

On Examination:

1. Dropsy on dependant parts
2. Emaciation around clavicles.
3. Liver and spleen enlarged
4. Pulse frequent, full and hard

16. Phosphorus

Pulmonary aspiration of Phosphorus usually develops a very quick course, usually after surgery in old debilitated people. The person starts developing dry cough with little hoarseness of voice within a day.

The face looks flushed, wet; lips are mildly cyanosed and patient is extremely worried and anxious.

Respiration is severely affected. **Along with the difficult respiration there is epistaxis.** Respiration is difficult after exertion or after eating or walking rapidly or walking against the wind or by lying on back and on left side; better by sitting erect. **Patients feel that they cannot get enough air.**

The suprasternal notch becomes very prominent. **There is flapping of alae nasi. Hands are shaking, facial muscles are twitching.**

Respiration is accelerated, rattling and stridulous and they desire to breathe deep, they gasp for the air.

Cough is irritating and tormenting which is often accompanied by feeling of rawness and burning in the chest. Tongue is dry and red; later on it is whitish yellow. **The patient is general intensely thirsty for cold drinks. The mouth is dry; they usually crave for aerated water or cold juice.** Patient wants to be propped up and they want the head to be thrown back so that they can breathe comfortably. **They are extremely chilly; any draft of cold air may excite the cough.**

Emotionally they want company and are scared of left alone. **They are peaceful if someone gives them company, sympathy and warmth.**

The sputum is usually bloody, copious, frothy, lumpy and rusty.

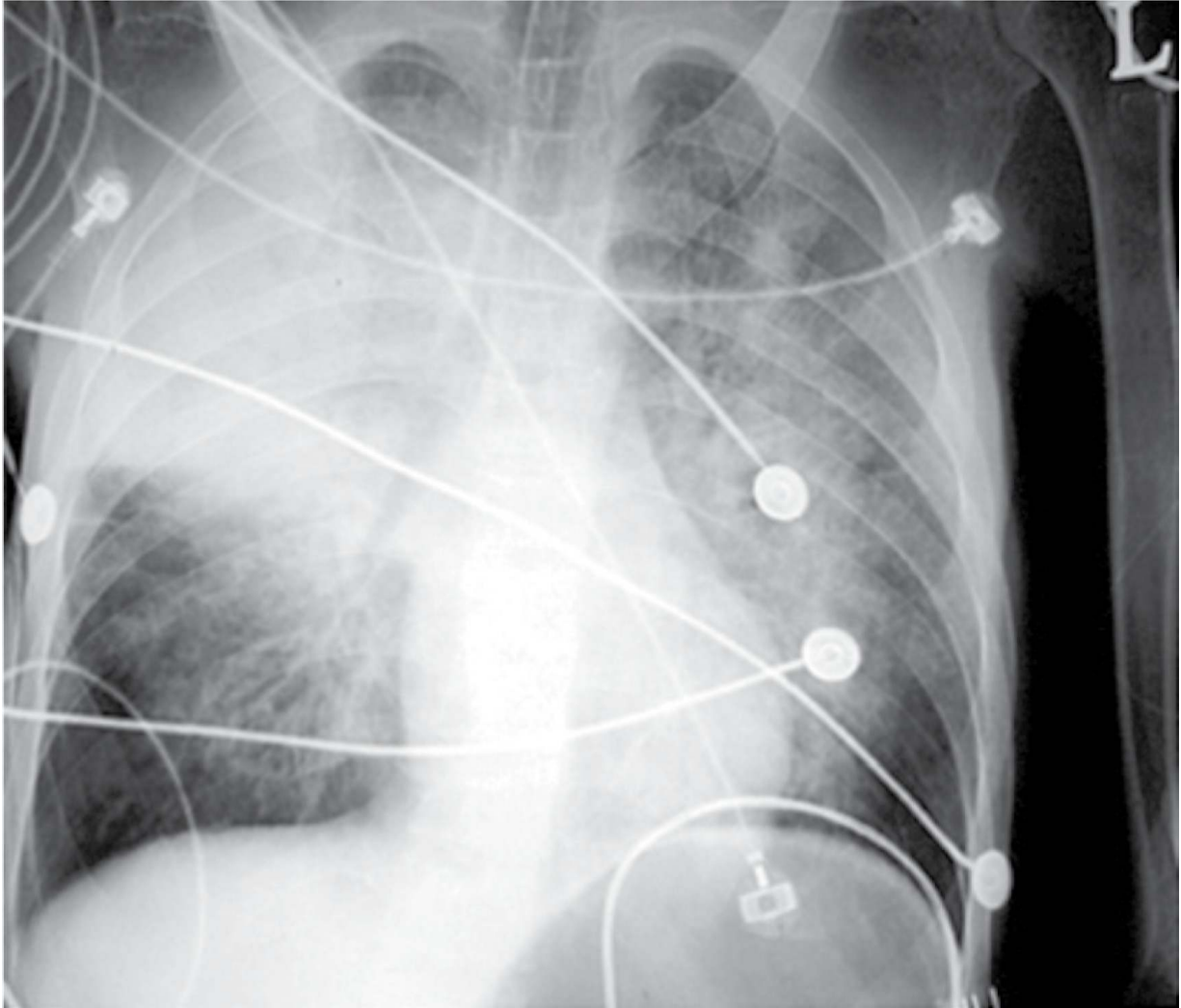
X-ray chest shows hypertrophy of the heart.

On Observation:

1. **Boring of the nose with the finger**
2. Dilated nostrils
3. Drooping of jaw
4. **Eyelids half open**
5. Face is bloated and red
6. **Facial expression is distressed, haggard and pinched**
7. Glowing red cheeks
8. Pupils are dilated and insensible to light and sluggish
9. **Shiny tip of the nose**

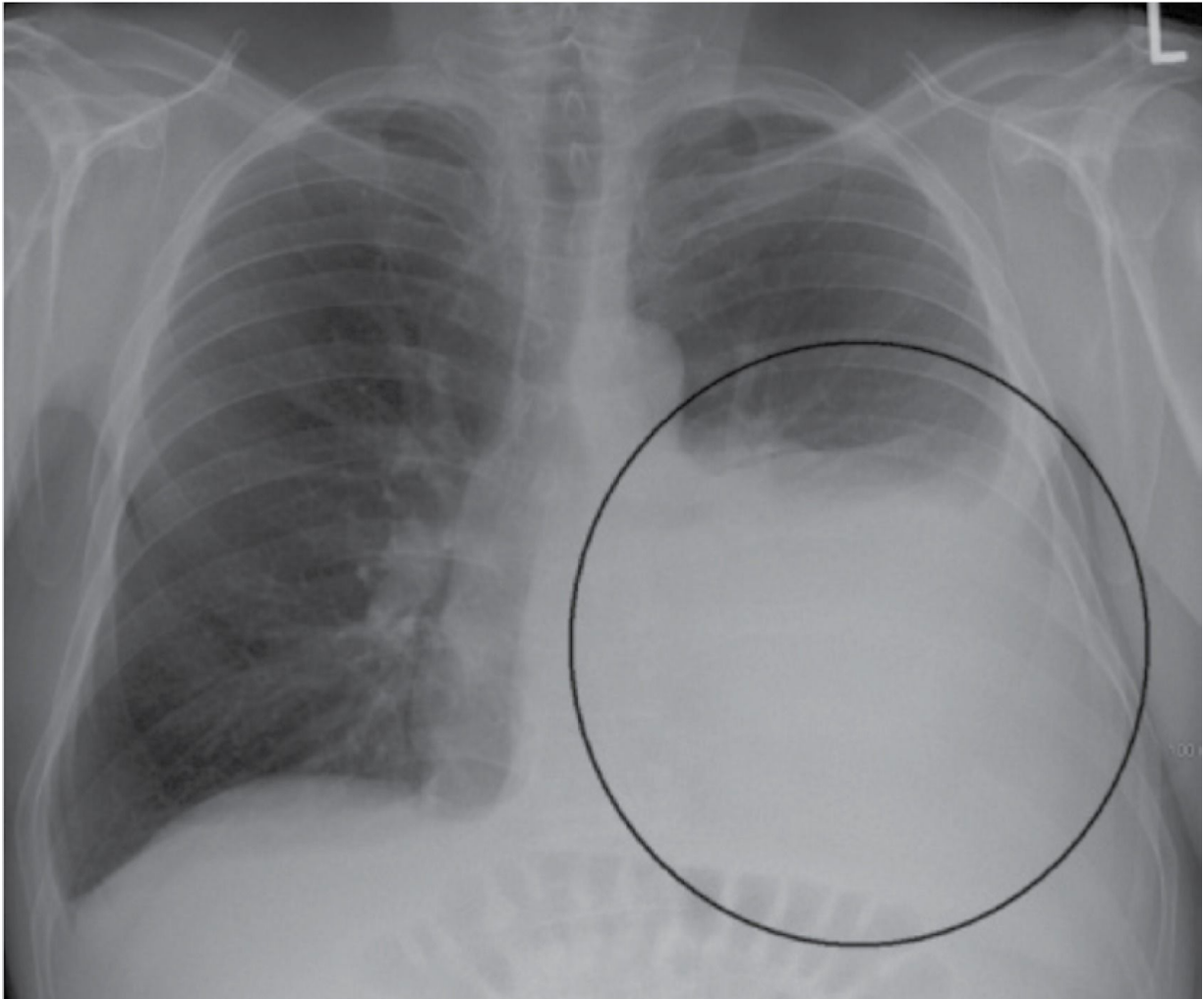
On Examination:

1. Pulse is frequent, full and irregular



Kalium sulphuricum

1. A young man admitted in the intensive care unit developing aspiration pneumonia after post abdominal surgery
2. Respiration difficult during sleep; and on lying down
3. Rattling respiration
4. Excessive wheezing
5. Deep sounding hoarse cough produces sever suffocation
6. Oppression in the chest



Kalium carbonicum

1. Severe aspiration after severe bout of alcoholism
2. Respiration arrested during sleep
3. Respiration difficult after midnight; and during sleep
4. Respiration irregular or rattling
5. Cough aggravated by excitement
6. Anxiety in the region of heart and chest
7. Oppression of the chest during night
8. Excessive crepitations and rhonchi

PULMONARY EMBOLISM

Pulmonary embolism is usually seen in hospitalized patients can also affect ambulant and otherwise healthy person. In more than 90% cases pulmonary embolism is a complication of deep vein thrombosis. Thrombus formation occurs in the leg veins and may extend proximally as the clot propagates. This thrombus may dislodge and embolise to the pulmonary artery and lead to pulmonary embolism. Pulmonary embolism may be thrombotic or non-thrombotic. A majority of patients die within the first few hours of the embolic attack due to inadequate therapy because the diagnosis is either missed or delayed.

Risk Factors for the development of Pulmonary Embolism or DVT

1. **HIGH RISK FACTORS:** These include orthopedic surgery especially of hip or knee joint, past history of DVT or pulmonary embolism, pelvic surgery for malignant disease and intrinsic disorders of clotting system.
2. **MODERATE RISK FACTORS:** These include major surgeries, advance age, malignant disease, stroke, myocardial infarction, congestive heart failure, prolonged immobility, hormone replacement therapy, obesity and use of contraceptive pills.
3. **LOW RISK FACTORS:** These include people with genetic predisposition, people with high blood pressure and chronic smokers.

Diagnosis

A detail medical history should be taken if any family history of venous thrombosis is there and also details regarding the coexisting risk factors mentioned above.

Patient may present as one of the several syndromes:

1. Sudden onset of clinical manifestation.
2. The syndrome of pulmonary infarction, which is associated with pleuritic chest pain, cough, hemoptysis and pleural effusion.
3. Acute onset heart failure with dyspnea and tachypnoea.
4. Cardio-vascular collapse with syncope, hypotension and altered sensorium.
5. Non-specific features like confusion, pyrexia, unexplained cardiac failure and arrhythmias.

The signs and symptoms usually include:

1. Sudden onset breathlessness, anxiety, chest pain and feeling of impending doom.
2. Dyspnoea and chest pain are the most frequent symptoms and are seen in about 90% of patients.
3. Tachypnoea, tachycardia, a loud second heart sound and crepitations on auscultation.

The features of dyspnoea, syncope or cyanosis usually indicate a massive PE, while a small embolism near the pleura is represented by pleuritic chest pain, cough or hemoptysis.

Investigations

1. Electrocardiogram and Chest X-ray may show non-specific changes and are more useful in ruling out other possible differential diagnosis. ECG helps to rule out acute myocardial infarction and pericarditis.
2. Arterial Blood Gas Analysis shows hypoxemia with respiratory alkalosis and an increased alveolar arterial oxygen gradient.
3. Imaging techniques like ventilation perfusion lung scan, pulmonary angiography and spiral computed tomography of the chest with contrast are useful in establishing or ruling out a diagnosis of pulmonary embolism.

4. Transthoracic echocardiography is particularly useful in the critically ill patients suspected of having pulmonary emboli.
5. D-dimer ELISA: The diagnostic value of this test is that it is an indicator of active thrombosis.
6. Invasive and non-invasive test for deep vein thrombosis.

Management and Treatment

Prevention of the DVT in the lower limbs will reduce the frequency of embolism. Patients with a high risk for developing pulmonary embolism should be given prophylactic therapy.

Treatment of established pulmonary embolism requires aggressive anticoagulant therapy. Thrombolytic therapy and surgical embolectomy are required for hemodynamically comprised patients who have massive pulmonary embolism.

Homoeopathic Treatment

1. Arsenicum album

Arsenic patients are quiet, alert but restless and anxious. They constantly desire death or presentiment of death.

Respiration gasping accompanied by thirst, worse midnight, must jump out of the bed.

Respiration difficult which is worse by cold food; exertion; lying down; and better by sitting erect; warm application or open air. Respiration becomes more difficult from mucus in the trachea, they gasp for the air; you can see the use of accessory muscles of respiration while breathing. Face becomes anxious, confused and bloated.

Ailments after taking a cold; and entering cold air from a warm room.

Cough is loose or whooping which is worse by cold; midnight; lying down and better by sitting in erect position or warm drinks.

Expectoration is frothy, bloody and copious.

X-ray chest shows cardiomegaly and pleural effusion.

On Observation:

1. Bleeding gums
2. Cachexia
3. Coldness of the nose
4. Constant motion of the head
5. Dilated nostrils
6. Drooping of the jaw
7. Enlarged veins of the eyes
8. Epistaxis
9. **Face bloated**
10. Face lead colored, pale, sickly
11. Facial expression anxious, confused, distressed and old looking
12. Glassy appearance of the eyes
13. **Horrible odor from the mouth**
14. **Nose pointed or knobby**
15. Perspiration of the face
16. Pupils contracted
17. Respiration accelerated
18. **Restlessness, keeps changing his position**
19. Tongue cracked, white, black or bluish
20. Wrinkled forehead

On Examination:

1. On chest auscultation cardiac murmurs

2. Pulse frequent and fluttering or irregular and small or weak and almost imperceptible

2. Bothrops lanceolatus

Bothrops is extremely useful for emboli that lodge in pulmonary vessels producing severe inflammation of the lungs that lead to pleural effusion and pulmonary oedema. The patient complains of severe pain in the chest with syncope, profuse cold and clammy perspiration and hypertension, slow and weak pulse with cyanosis.

Expectoration is bloody.

There may be past history of cerebro vascular accident and thrombosis.

X-ray chest may show pulmonary oedema, pneumonitis or pneumonia.

On Observation:

1. Difficulty in swallowing liquids
2. Expression suffering
3. **Extremities cold**
4. Face bloated
5. Face discoloration dark
6. **Speech soft with low tone**
7. **Speech thick**

On Examination:

1. Pulse slow

3. Carbo vegetabilis

Carbo vegetabilis patients can be distinguished from a distance by looking at their pinched appearance of the face. Flapping of the alae nasi; bluish discoloration of the face, there is not much cyanosis. Extremities are cold, icy cold or pale. There is intense air hunger. Even though they are extremely chilly and freezing cold they have an intense air hunger. The lips are purplish and swollen. The tongue is dirty yellow or yellowish brown. The person is thirsty, wants sips of cold water.

Respiration is difficult after eating, after exertion, walkin and motion; they want to be fanned, worse in warm room, or on closing the eyes and by lying with head low and better by sitting erect.

Expectoration is extremely difficult and he gets extremely fatigued and exhausted the moment he tries to expectorate. The patient usually wants to be propped up; they want to avoid any constriction of the chest or round the neck. They would not allow the nurse to keep any blanket on the chest.

Throat choking; swallowing is difficult but painless especially of solids.

Like Lachesis they always tend to sleep into aggravation. They doze off and then wake up simply gasping for breath due to pulmonary oedema. Many times they develop concomitant heart failure.

On Observation:

1. **Extreme thirst, wants sips of cold water**
2. Eyelids are difficult to open they keep on closing
3. Eyes are sunken
4. Face discoloration red or yellow
5. **Facial expression anxious, haggard and suffering**
6. Froth from the mouth
7. Lips swollen
8. **Nose is pinched**
9. **Picking at nose**

10. Profuse salivation
11. Respiration is gasping, rattling and stertorous
12. **Speech is difficult**

On Examination:

1. Pulse is irregular, intermittent and imperceptible or small, soft and weak.

4. Crotalus horridus

During an episode of acute pulmonary embolism the Crotalus horridus patient experiences difficulty in breathing near the area of larynx where the patient finds severe constriction. **This becomes worse when he attempts to sleep, also when he wakes up he may have severe difficulty in breathing.**

Difficult respiration is accompanied with a choking type of cough. **The patient keeps on pointing a dry spot in the larynx which is responsible for cough.** Puffing respiration.

Cough is worse by talking; cold air; and waking on. There may be stitching pain while coughing and sneezing. **Palpitation accompanied by difficulty in breathing.**

There may be bloody expectoration which is black and dark.

There may be past history of tuberculosis, cirrhosis of liver, appendicitis, pancreatitis or hepatitis.

X-ray chest shows pulmonary tuberculosis and changes of bronchiectasis.

ECG shows ST-T wave changes.

CT-scan shows tumour of bronchus.

On Observation:

1. Expression is anxious and besotted
2. Face is discolored-dark, red
3. Mild protrusion of the eyes
4. **Oedema of the glottis**
5. Red discoloration of the eyes
6. **Respiration irregular, jerking, puffing**
7. Respiration is accelerated (In the terminal stages the respiration can be slow)
8. **Saliva is frothy**
9. Tongue discoloration – dark brown or yellow
10. Urine: albumin present
11. **Uvula elongated**
12. Voice rough and weak

On Examination:

1. Anemic
2. Asphyxia
3. Cardiac murmurs
4. Cyanosed
5. **Dropsy on dependant parts**
6. **Pulse frequent, full, irregular or can be imperceptible, slow, soft and weak**

5. Digitalis purpurea

In cases of pulmonary embolism of Digitalis purpurea the respiration becomes accelerated and difficult after exertion and walking; they want

doors and windows open. **They gasp for the air and desire to breathe deep especially during sleep.**

Respiration is arrested worse during sleep or while going to sleep and while talking. Face becomes bloated and bluish.

Cough is worse while brushing teeth, bending forwards and eating or after eating.

Expectoration bloody black or bloody dark and copious in the morning.

X-ray chest shows bilateral diffuse infiltrates or pulmonary oedema.

On Observation:

1. Bores his head into pillow
2. **Cold perspiration on the head**
3. Death presentiment
4. **Face bloated**
5. Face sunken
6. **Facial expression pinched and sickly**
7. Lips are pale
8. Pupils insensible to light, irregular, sluggish
9. Respiration panting, gasping, sighing and ratling
10. Restlessness
11. Saliva frothy
12. **Tongue clean, bluish or black**
13. Veins of forehead distended
14. **Veins of the eyes enlarged**

On Examination:

1. Pulse slow, small, soft and slower than the heart beats

6. Ferrum phosphoricum

In Ferrum phosphoricum pulmonary embolism is characterized by difficult respiration which is worse by lying down and by motion and accompanied by loose, ratting and spasmodic cough.

Mentally the patient is tired, indisposed to talk and sensitive to any disturbance around them especially noise and people talking around them.

Cough is worse by breathing deeply and lying. Incessant, tormenting cough; with cough there is nose bleed. Cough is worse in cold air.

Expectoration is bloody, copious, frothy and sticky.

Embolism is more on the right side, most of the symptoms of Ferrum phosphoricum are worse between 4 a.m. to 6 a.m.

There may be past history of Tuberculosis and epistaxis.

On Observation:

1. **Coldness of hands and feet**
2. Eyes discoloration red
3. Face discoloration red
4. Face sunken
5. **Lips dry**
6. **Localized flushing of the malar region**
7. Mild protrusion of eyes
8. Pallor around the mouth
9. **Perspiration of hands and feet**
10. Tongue cracked
11. **Tongue discoloration red**

On Examination:

1. The heart starts showing signs suggestive of right ventricular failure
2. Lungs are congested
3. Pulse frequent, irregular and slow

7. Gelsemium sempervirens

Acute breathlessness in Gelsemium is usually triggered by sleep or as soon as the person attempts to sleep; he suddenly wakes up due to suffocation or by barking, dry, hacking, spasmodic cough. He coughs very violently and brings out bloody thick mucus.

Respiration is accelerated, sighing and stridulous. **Respiration is difficult and worse inspiration and when falling asleep and better in open air; there is forcible expiration. The cardiac components like oppression, palpitation are extremely important.** The person may have burning or raw pain in the chest during coughing.

There may be a past history of epistaxis.

X-ray chest shows pneumonia and changes of bronchitis.

ECG shows ST-T wave changes.

On Observation:

1. **Cold perspiration on the forehead**
2. Eyes discoloration red and difficult to keep the eyelids open.
3. Face discoloration dark, gray, red.
4. **Facial expression besotted, sleepy and tired**
5. Froth from the mouth
6. **Gaspings respiration**
7. Inspiration is difficult

8. Rapid aspiration
9. Respiration is irregular and jerking but in the terminal stage absolutely imperceptible.
10. **Speech is difficult and thick**
11. Tongue discoloration white, dirty white or yellow.
12. Voice hoarse, muffle and weak

On Examination:

1. Pulse is full, hard, and strong or can be weak and imperceptible.

8. Hydrocyanicum acidum

Respiration is accelerated, gasping, and deep. They desire to breathe deep. Cheyne-Stokes respiration. Difficult in respiration is accompanied by constriction in the throat. Respiration asthmatic which is spasmodic. **Face becomes cyanotic and old looking.**

Cough paroxysmal. Expectoration bloody, mucus and yellow.

On Observation:

1. **Associated renal failure**
2. Blood vessels of neck distended
3. Clenched jaw
4. **Clenching of teeth together**
5. Coldness of hands and fingers
6. **Coldness of the face**
7. Convulsive gestures
8. Eating or drinking swallowing is always noisy
9. **Eyelids half open**
10. Eyes glassy appearance

11. Eyes staring
12. Face bloated
13. Face discoloration bluish, cyanotic or pale
14. Face perspiration
15. Face sunken
16. Froth from the mouth
17. **Gurgling sound in throat while drinking**
18. Head drawn sidewise upon shoulder
19. **Involuntary movement of hands**
20. Involuntary stool and urine
21. Protruding tongue
22. Respiration accelerated
23. **Respiration gasping, rattling and stertorous**
24. Speech incoherent
25. Swallowing impossible
26. Urine color light yellow
27. Urine sediment thick

On Examination:

1. Pulse irregular, slow, weak or soft

9. Lachesis mutus

Lachesis patients usually develop symptoms related to pulmonary embolism in winter or spring especially when the weather getting warmer after winter. The patient that you are going to see will be extremely toxic; his expression will be cyanotic and mottled. **The face is puffy.**

Lips become swollen and cyanotic; speech thick due to difficulty in articulations. Sometimes pulmonary oedema patient may go into a

delusion as if they are going to be poisoned. Tongue is dark, swollen, red, salivation sticky.

Great fear to lie down because of suffocation, dread to lie down also because they start coughing, and associated with violent headache. They feel as if the blood from the body is rushed or forced into the head. Head is hot and bursty, at the same time legs and feet are icy cold.

Many times I have seen Lachesis patient complaining of feeling of fullness in the chest just behind the sternum.

Respiration is arrested, deep, rattling and stertorous. Respiration asthmatic worse after midnight. Respiration is difficult in the night, after eating, after exertion, after talking, and during or after sleep and when falling asleep; they feel better by sitting bent forward. They want doors and windows open.

The collection of fluid in the lungs is more on the left side. **They cannot bear to have anything close around the neck as they would be strangled. They are unable to bear any pressure on the chest even of the blanket.**

Sputum is scanty; patient **wants to expectorate but the expectoration gets stuck half way in the respiratory tract and they cannot expectorate it further.**

The skin of the chest is sensitive to touch. The person hates any strong odor especially of tobacco in the room where he is lying down.

They are hot and like hot stuffy room. They have a marked aggravation after sleep. Sometimes they wake up from the sleep quite distressed. **One can also observe fine tremors in the hands.**

Cough is worse after eating, excitement or waking on and better by expectoration.

Respiration accelerated and arrested during cough or during sleep and better by bending forward or bending head backward.

Mouth, throat and larynx are sensitive to touch. They cannot bear to have handkerchief approach the mouth as it will cause dyspnoea.

Respiration gets difficult on slightest exertion or lying down and better by sitting bend forward or erect.

X-ray chest shows cardiomegaly.

On Observation:

1. Bleeding of lips
2. Bloated face
3. **Cold perspiration on the face**
4. Constant disposition to swallow
5. Cracked lips
6. Epistaxis
7. **Excessive dyspnoea in nose**
8. Expression haggard and vacant
9. Eyes discoloration red
10. Eyes sunken
11. **Face discoloration red or pale**
12. Injected conjunctiva
13. **Nose pointed**
14. Picking at nose till it bleeds
15. Pupils dilated and insensible to light
16. Swelling on the lips
17. **Throat choking during sleep**
18. Tongue cracked
19. Tongue discoloration brown and yellow
20. **Tongue trembling**

On Examination:

1. Pulse frequent, full or slow and small or it could be thready

10. Lycopodium clavatum

In cases of pulmonary embolism Lycopodium clavatum patient looks quite anxious, face blotted especially between the eyes. The jaw is slightly clenched; face looks earthy grayish or pale. Expression is confused and pinched.

Respiration is accelerated as soon as the person makes an attempt to sleep the respiration gets arrested. **The episode of dyspnoea comes late in the afternoon or after midnight.** Lying on the back or on the left side is impossible.

Any sort of exertion or motion will also aggravate the situation. **This discomfort in respiration is associated with gastric concomitant of eructation and flatulence.** Sitting erect gives a big relief to the patient.

They have frown on the forehead. The lips tend to be cyanosed. **Emotionally they are quite anxious and constantly needing attention.** They are quite domineering, even when they are breathless, on their attendants. Whenever they wake up from the sleep they tend to be quite peevish and irritable.

Associated with respiratory distress they have a pinched nose and a good deal of flapping of alae nasi or there can be twitching of the muscles of the face. The teeth are quite yellow. They complain of sour taste in the mouth. Tongue tends to be coated white. **Most of the patients are not at all thirsty but if they are thirsty they are thirsty for warm drinks.** However if they drink more it produces sense of fullness and distension in the abdomen.

The cough is difficult after midnight. Cough is barking, hoarse, hollow and loose. Cough is worse on ascending stairs and lying on side and better lying on back.

Often patient complain of rawness in the chest after coughing. Sputum is scanty, bloody, gelatinous, frothy and purulent tasting like an old cheese or salty.

Most of the Lycopodium patients, during respiratory distress are chilly. They are sensitive to cold but they dislike warm weather or stuffy room. There is palpitation during the distress aggravated by lying on left side. **Mostly the pulmonary oedema occurs on the right lung than the left.**

There may be a past history of valvular heart disease, cerebro vascular accident, aneurysm, osteoporosis, eosinophilia, high cholesterol, hypertension, thyroid, tobacco smoking, post nasal catarrh, epistaxis and nasal polyps.

X-ray chest may show cardiomegaly and pleural effusion.

ECG may show ST-T wave changes and cardiac hypertrophy.

On Observation:

1. Cold perspiration on the face
2. **Perspiration on the forehead**
3. Respiration gasping, wheezing and whistling

On Examination:

1. **Dropsy on dependant parts**
2. Emaciation around clavicles, emaciation on exertion
3. Liver and spleen enlarged
4. Pulse frequent, full and hard

11. Muriaticum acidum

Muriatic acid is usually indicated where the cases are desperate and the vitality is almost zero. The person tends to be restless and irritable making sounds resembling moaning. **The person may be semiconscious with constant moaning and he is not aware that stool and urination are passed involuntarily.** While describing his symptoms he usually gets pain in the stomach.

Respiration is accelerated. Respiration is arrested when coughing. Respiration is deep. **Difficult respiration; patient tends to gasp with every cough.** Cough is rattling which is worse before midnight or after 3 a.m.

Loose, panting, rattling or spasmodic type of cough that is worse before midnight; violent cough worse while talking.

X-ray chest may show dropsy and pulmonary oedema.

On Observation:

1. Cheeks shiny
2. Expression restless
3. **Extremities cold**
4. **Jaw drooped**
5. Lids half closed
6. Lips are dry
7. **Moaning and muttering delirium**
8. Person is constantly changing posture
9. **Person lies down in the bed**
10. Tongue is dry, shrunken and pointed
11. **Vacant staring look in the eyes**

On Examination:

1. Pulse frequent, full, hard or slow, soft and small

12. Naja tripudians

Patient who requires Naja is dyspnoeic, he is unable to speak, if he speaks he chokes. **There may be severe hypo or hypertension due to respiratory insufficiency. Patient feels constant distress on cardiac region which is better in the open air.**

Respiration arrested, they want to be fanned with difficult respiration or excessive fan to have comfortable breathing. Lying is impossible for them especially on the left side; they feel better after lying on right side. Respiration is difficult on waking.

Cough is worse by slightest exertion or in the night.

Expectoration is dark, thick and viscid.

X-ray chest may shows **hypertrophy of the heart.**

On Observation:

1. **Choking as soon as he makes an attempt to go to sleep**
2. Coldness of the face
3. Eyelids open
4. Eyes sunken
5. **Facial expression haggard**
6. Foam and froth from the mouth
7. **Head hot with coldness of extremities**
8. **Mucus from the larynx ejected with difficulty**
9. Perspiration of foot, perspiration on hands on coughing
10. Pupils insensible to light
11. Pupils sluggish
12. **Respiration accelerated, gasping, panting and stertorous.**
13. Restlessness of legs

14. Saliva frothy
15. Spasms of the esophagus
16. **Speech difficult due to choking**
17. Tongue white coated
18. Voice weak and hoarse

On Examination:

1. Pulse slow, small, soft or imperceptible

13. Opium

Opium is a useful remedy for pulmonary embolism in young people, infants and alcoholics.

Respiration gasping, arrested, accelerated, deep and stridulous.

Spasms of the larynx causes cough. Cough is worse by cold drinks, after midnight or during sleep. Voice becomes deep and hoarse.

Expectoration is bloody and frothy.

Respiration is moaning and stertorous; Cheyne-Stokes breathing. Respiration is arrested during cough or during sleep. **Respiration is difficult in the night, on waking, when falling asleep and patient must be awakened to avoid suffocation.** Face becomes cyanotic, besotted, confused, haggard or vacant.

X-ray chest may show pneumonia.

On Observation:

1. Bleeding from the tongue
2. Bores head into the pillow
3. **Coldness of the face**

4. Coldness of the hands and feet
5. Conjunctiva injected
6. **Eyelids half open**
7. Eyes brilliant
8. Eyes red discoloration
9. Face bloated or sunken and wrinkled
10. **Face discoloration bluish, pale or red**
11. Facial expression besotted, confused, haggard or vacant
12. Froth from the mouth
13. Glassy appearance of eyes
14. **Grinding of teeth**
15. Hot perspiration on face
16. Jaw clenched
17. **Liquids come out of the nose on attempting to swallow**
18. **Mouth open**
19. Neck pulsation
20. Nose pinched or pointed
21. Perspiration of the scalp hot or cold
22. Protruding tongue
23. Protrusion of eyeballs
24. Pupils dilated or contracted
25. **Respiration gasping, accelerated, deep and stertorous with puffy expiration**
26. Retention of urine
27. Saliva bloody, frothy and thick
28. Severe constipation
29. **Speech thick and slurred**
30. Swallowing difficult almost impossible
31. Thick lips
32. Tongue discoloration black, bluish black, purplish black or brown

33. **Trembling of the tongue**
34. Urine dark yellow, scanty and frothy
35. **Wild look of the eyes**
36. Nails blue
37. Dryness of hands
38. **Loosening of clothes ameliorates**

On Examination:

1. **Abdomen cold to touch**
2. Abdomen distended and tympanic
3. Pulse frequent and small or frequent and intermittent or **irregular and slow or sometimes thready and weak**

14. Phosphorus

Pulmonary embolism of phosphorus develops a very quick course, usually after surgery in old debilitated people. The person starts developing dry cough with little hoarseness of voice within a day. Face looks flushed, wet; lips are mildly cyanosed and patient is extremely worried and anxious.

Respiration is accelerated, rattling and stridulous and they desire to breathe deep, they gasp for the air.

Respiration is severely affected. Along with the difficult respiration there is epistaxis. **Respiration is difficult after exertion or after eating or walking rapidly or walking against the wind or by lying on back and on left side; better by sitting erect. Patients feel that they cannot get enough air.** The suprasternal notch becomes very prominent. **There is flapping of alae nasi.** Hands are shaking, facial muscles are twitching.

Cough is irritating and tormenting, often accompanied by feeling of rawness and burning in the chest. Tongue is dry and red; later on it is whitish yellow. **The patient is intensely thirsty for cold drinks.** The

mouth is dry; **they crave for aerated water or cold juice.** Patient wants to be propped up and they want the head to be thrown back so that they can breathe comfortably. **They are extremely chilly; any draft of cold air may excite the cough.**

Emotionally they want company and are scared of left alone. They are peaceful if someone gives them company, sympathy and warmth.

The sputum is usually bloody, copious, frothy, lumpy and rusty.

X-ray chest shows cardiomegaly.

On Observation:

1. **Boring of the nose with the finger**
2. Dilated nostrils
3. **Drooping of jaw**
4. Eyelids half open
5. Face is bloated and red
6. **Facial expression is distressed, haggard and pinched**
7. Glowing red cheeks
8. Pupils are dilated and insensible to light and sluggish
9. **Shiny tip of the nose**

On examination:

1. **Pulse is frequent, full and irregular**

15. Veratrum viride

The onset is usually sudden. **The patient complains of intense pulsation as if the heart is pounding out through the chest wall.** Due to embolism there can be **pressing pain in the heart region or severe oppression in the chest.**

Mentally they are **very excited** and have **violent delirium of seeing face or imaginary figures**. There is marked aggravation patient is made to sit up as the vision become suddenly dim.

Cough is loose, hacking, rattling and spasmodic. Respiration accelerated and difficult on lying down and can be stertorous.

Sputum is sticky and difficult to expel.

There may be past history of pneumonia, diabetes mellitus, cerebrovascular accident or hemiplegia.

X-ray chest shows **pulmonary oedema**.

ECG may show dilatation of the heart or heart failure.

On Observation:

1. **Coldness of hands and feet**
2. Expression haggard
3. **Eyes discoloration red**
4. Face bloated, swollen
5. Face is congested, looks red
6. Head congested
7. **Jaws are drooping**
8. Muttering delirium
9. **Perspiration cold and clammy**
10. Pupils are dilated
11. Salivation profuse
12. Skin is covered with perspiration
13. Speech thick
14. **Tongue red streak down the centre or could be white or yellow**
15. **Very thirsty**

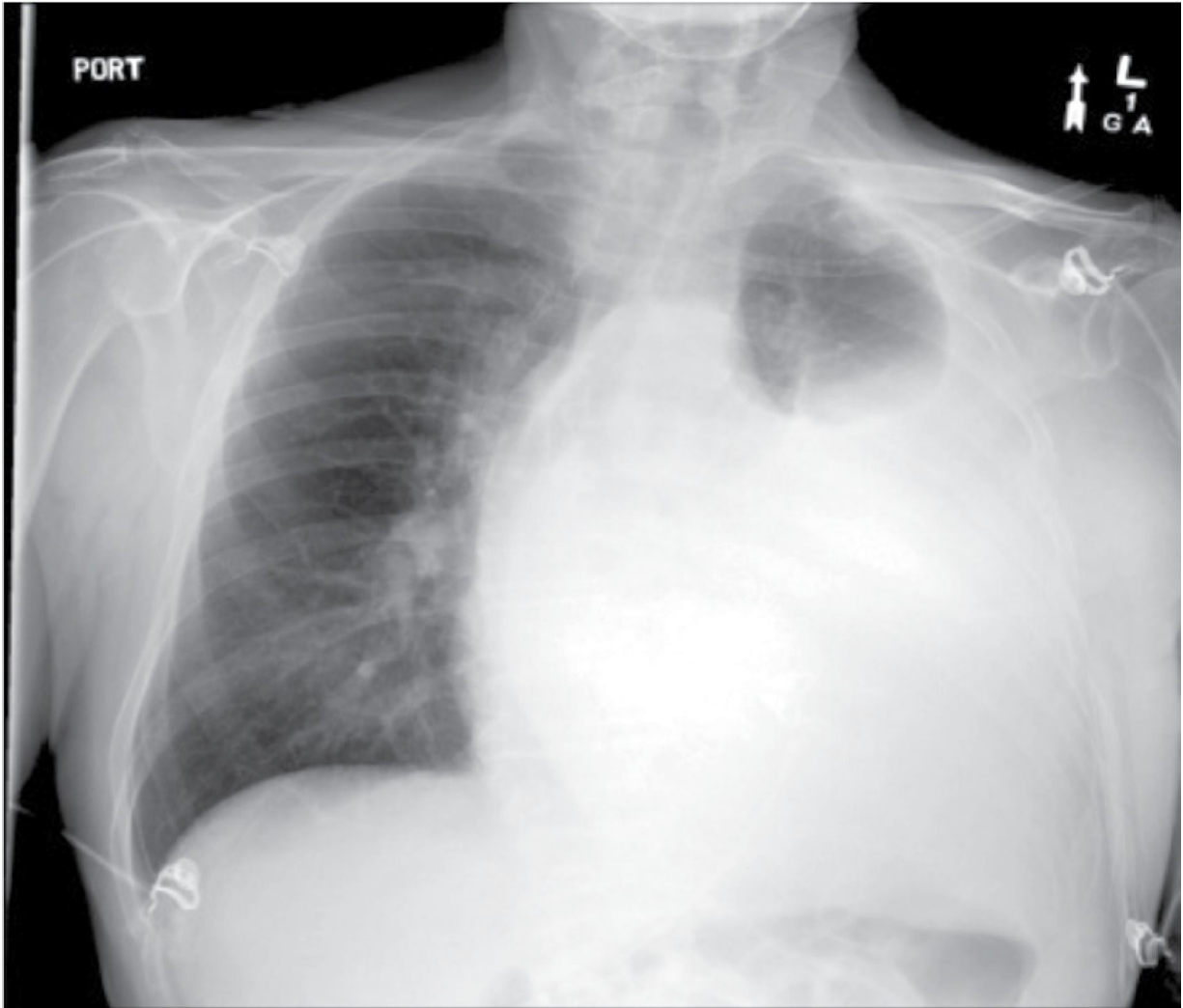
On Examination:

1. Pulse full and bounding or frequent and irregular



Naja Tripudians

1. A known case of deep vein thrombosis complains of difficulty in breathing
2. Lying down in bed is impossible
3. Wants to be fanned
4. Grasping for air
5. Respiration panting but slow
6. Cough exhausting, hard, short with severe irritation in larynx and trachea



Veratrum Viride

1. A known case of hypertension complains of phlebitis followed by deep vein thrombosis
2. Respiration panting and accelerated, cannot lie down
3. Red discoloration of the face, worse lying down, become pale on rising
4. Facial expression haggard
5. Dry hacking short cough
6. Oppression of the chest
7. Violent palpitation of the heart and pleural effusion

RESPIRATORY FAILURE

A patient is said to be in respiratory failure when the respiratory system can no longer function to keep gas exchange at a level, commensurate with metabolic needs.

Types of respiratory failure

It is often divided into two main types:

1. *Hypoxemic respiratory failure (type 1)*: It is defined as the failure of the lungs to maintain adequate oxygenation, as shown by a partial pressure of oxygen in arterial blood below 60 mm Hg ($\text{PaO}_2 < 60\text{mm Hg}$) while breathing room air or oxygen with normal or low PaCO_2 .
2. *Hypercapnic respiratory failure (type 2)*: It is defined as the failure of the lungs to maintain adequate alveolar ventilation, as evident by partial by partial pressure of carbon dioxide in arterial blood of more than 50 mm of Hg ($\text{PaCO}_2 > 50\text{mmHg}$). An increase in alveolar pCO_2 in this situation is associated with an equal displacement of O_2 from the alveoli leading to arterial hypoxemia. As the respiratory muscle fatigue occurs, a patient with initial presentation of type I respiratory failure can progress to type II respiratory failure.

Causative Factors

Type I respiratory failure

(Acute Causes)

Pulmonary

1. **Shunt**

- i. Pulmonary oedema
- ii. ARDS
- iii. Pneumonia
- iv. Pneumothorax

2. **V/Q mismatch**

- i. Bronchial asthma
- ii. Chronic obstructive pulmonary disease
- iii. Pulmonary embolism
- iv. Bronchiectasis

Extrapulmonary

1. CO poisoning

(Chronic Causes)

Pulmonary

1. **Shunt**

- i. Pulmonary AV fistula

2. **V/Q mismatch**

- i. Emphysema
- ii. Chronic thromboembolism
- iii. Diffusion abnormality
- iv. Lung fibrosis

Extrapulmonary

1. Methaemoglobinemia
2. High altitude
3. Right to left shunt
4. Eisenmenger's syndrome

Type II respiratory failure

(Acute Causes)

Pulmonary

1. **Severe low V/Q mismatch**
 - i. Severe acute asthma
 - ii. Acute exacerbation of COPD
 - iii. Bronchiectasis
2. **Increased dead space**
 - i. Pulmonary embolism

Extra pulmonary

1. **Upper airway obstruction**
 - i. Foreign body
 - ii. Laryngeal oedema
 - iii. OSA
 - iv. Epiglottitis
2. **CNS**
 - i. **Central**
 - a. Drug overdose
 - b. Primary alveolar hyperventilation
 - c. Myxedema
 - d. Metabolic alkalosis
 - ii. **Anterior horn cells**
 - a. Poliomyelitis
 - b. Amyotrophic lateral sclerosis
 - iii. **Peripheral neuropathy**
 - a. GB syndrome
 - b. Critical illness neuropathy
 - iv. **Neuromuscular junction**
 - a. Myasthenia gravis
 - b. Eaton Lambert syndrome
 - v. **Respiratory muscle weakness**

- a. Dyselectrolytemia
- b. Acidosis
- c. Malnutrition
- d. Aging

(Chronic Causes)

Pulmonary

1. Severe low V/Q mismatch

- i. COPD
- ii. Terminally ill patients
- iii. Any progressive respiratory disease

Extra pulmonary

1. Hypoventilation

- i. Severe chest wall deformity
- ii. Sleep apnea syndrome

Diagnosis

The following factors have to be taken into consideration while coming to a diagnosis.

1. Clinical signs and symptoms

- i. **Hypoxia**
 - a. Mental confusion
 - .
 - b. Agitation
 - .
 - c. Restlessness
 - .
 - d. Tachypnoea
 - .
 - e. Tachycardia
 - .

- f Mild hypertension
- .
- g Cyanosis
- .
- ii. **Hypercapnia**
 - a Disorientation
 - .
 - b Somnolence
 - .
 - c Asterixis
 - .
 - d Headache
 - .
- iii. **Cor pulmonale**
 - a Pedal oedema
 - .
 - b Raised JVP
 - .
 - c Hepatomegaly
 - .
 - d Ascites
 - .

2. **Arterial Blood Gas Analysis**

Arterial blood gas measurements i.e., PaO₂, PaCO₂, pH are the main instruments for diagnosing and judging the type and severity of respiratory failure.

3. **History and Physical Examination**

Once the diagnosis is confirmed the cause of respiratory failure should be established with the help of detailed history, clinical examination and relevant investigation. Chest radiography, bed side spirometry and EKG can be used to confirm the diagnosis.

Treatment

The principle of management of these patients includes those that are disease specific and those that are supportive.

Specific treatment

The specific treatment is directed to the underlying cause of respiratory failure. This includes acute homoeopathic medicine, postural drainage and intercostal tube drainage in case of pneumothorax and massive pleural effusion. Use of antibiotics and steroids should be kept only as emergency measures.

Supportive Treatment

Correction of hypoxemia: The treatment includes administration of oxygen, endotracheal intubation, mechanical ventilation and nutrition. Adequate oxygen should be delivered to the tissues with a PaO₂ of about 60 mmHg. Hypercarbia must be avoided while correcting hypoxia, particularly in COPD patients.

Management of hypercapnia: Although relief of hypoxemia is the first priority in management of respiratory failure, the problem of coexisting hypercapnia and respiratory acidosis must also be taken care of.

Repeated assessment of the patient with frank hypoxemic or hypercapnic failure is essential in formulating decisions about therapy.

Simple observation of mental status, respiratory rate, tidal volume, heart rate, blood pressure, pulsus paradoxus, presence of paradoxical breathing movements and PEFV provides sufficient information about the response to the treatment and progress of the respiratory failure.

Homoeopathic Treatment

1. Antimonium tartaricum

Constant cough, worse from constriction in larynx, patient must sit up. There is great accumulation of mucus, with coarse rattling. Cough accompanied by cold perspiration and sleepiness.

Respiration is difficult, better in open air or patient wants to be fanned, sitting erect and worse during cough or during sleep or in the night especially after midnight, or in the morning or after lying down, lying down is impossible, patient has to bend forward to get some relief. Face becomes cyanotic with difficulty in breathing.

There is gasping for breath during cough; loud expiration. Respiration is stertorous and rattling with coldness of lower extremities. **Face becomes cyanotic.**

On Observation:

1. Cold perspiration of forehead
2. **Cold perspiration of the face**
3. Cracked lips
4. Desire to close his eyes
5. Dilated nostrils
6. **Discoloration of lips: pale, red or blue**
7. **Eyes half open**
8. **Face bloated**
9. Facial expression pinched, suffering and anxious
10. Jerking of the head
11. **Nose pinched or pointed, sunken**
12. Prominent linea nasalis
13. Respiration accelerated
14. Skin goose flesh, cyanosed
15. **Tongue pale, brown, red tip, yellow or white**
16. Twitching of the face during cough
17. **Wing like motion of nostrils**

On Examination:

1. On chest auscultation fine rhonchi
2. Throat constriction

2. Arsenicum album

It is a useful remedy for respiratory failure. **These patients are quiet, alert but restless and anxious.** They constantly desire death or presentiment of death.

Respiration asthmatic accompanied by cyanosis, worse midnight.

Respiration difficult which is worse by cold food; exertion; lying down; and better by sitting erect; warm application or open air. **Respiration becomes more difficult from mucus in the trachea, they gasp for the air; you can see the use of accessory muscles of respiration while breathing.** Face becomes anxious, confused and bloated.

Cough is loose worse by cold; midnight; lying down and better by sitting in erect position or **warm drinks.**

Expectoration is frothy, bloody and copious.

X-ray chest shows cardiomegaly and pleural effusion.

On Observation:

1. Bleeding gums
2. Cachexia
3. **Coldness of the nose**
4. Constant motion of the head
5. Cyanosed
6. Dilated nostrils
7. **Drooping of the jaw**
8. Enlarged veins of the eyes
9. Epistaxis

10. **Face bloated and cyanosed**
11. **Facial expression anxious, confused, distressed and old looking**
12. Glassy appearance of the eyes
13. Horrible odor from the mouth
14. Nose pointed or knobby
15. **Perspiration of the face**
16. Pupils contracted
17. Respiration accelerated
18. **Restlessness, keeps changing his position**
19. Tongue cracked, white, black or bluish
20. Wrinkled forehead

On Examination:

1. On chest auscultation cardiac murmurs
2. Pulse frequent and fluttering or irregular and small or weak and almost imperceptible

3. Digitalis purpurea

Respiration accelerated and difficult after exertion and walking; they want doors and windows open. **They gasp for the air and desire to breathe deep.** Chest becomes cyanosed.

Respiration is arrested worse during sleep or while going to sleep and while talking. Face becomes bloated and bluish. Gaspings respiration during sleep.

Cough is worse while brushing teeth, bending forwards and eating or after eating.

Expectoration bloody black or bloody dark and copious in the morning.

X-ray chest shows bilateral diffuse infiltrates or pulmonary oedema.

On Observation:

1. Bores his head into pillow
2. Chest cyanosed
3. **Cold perspiration on the head**
4. Death presentiment
5. **Face bloated**
6. Face sunken
7. **Facial expression anxious, pinched and suffering**
8. Lips are pale
9. Pupils insensible to light, irregular, sluggish
10. **Respiration panting, gasping, sighing and rattling**
11. Restlessness
12. Saliva frothy
13. **Tongue clean, bluish or black**
14. **Veins of forehead distended**
15. Veins of the eyes enlarged

On Examination:

1. Pulse slow, small, soft and slower than the heart beats

4. Diphterotoxinum

Diphterotoxinum is indicated in people who are highly prone to recurrent laryngitis or recurrent throat infection and are suffering from respiratory failure either due to some neurological cause (like motor neuron disease and multiple sclerosis) or due to cardiac causes.

The person is anxious. Voice is lost.

Respiration is arrested during cough.

Cough is rough and spasmodic. Expectoration is difficult.

There may be a past history of recurrent cold, epistaxis or tuberculosis.

5. Grindelia robusta

Grindelia is an important member of compositeae family whose action is very significant on lung and heart. **The acute distress in breathing worse as soon as he falls asleep or as soon as he lies down.** He wants doors and windows to be opened.

Respiration is panting, rattling and irregular.

Expectoration is loose when expelled from the chest gives great relief to the patient. The expectoration is frothy, greenish, thick and sticky.

There may be a past history of recurrent bronchitis, diabetes and recurrent iritis.

X-ray chest may show emphysema or bronchiectasis.

ECG shows cardiac arrhythmia.

On Observation:

1. Enlargement of spleen
2. Pupils dilated
3. **The breath stops when the person goes to sleep and the person awakes with a start gasping for breath.**
4. Varicose veins

On Examination:

1. Cheyne Stokes respiration

2. Hypertension
3. **Pulse irregular**
4. Rhales

6. Hydrocyanicum acidum

Respiration is accelerated, gasping, and deep. They desire to breathe deep. Cheyne-Stokes respiration. Difficulty in respiration is accompanied by constriction in the throat. Spasmodic respiration. **Face becomes bloated and cyanosed.** Facial expression fierce and old looking.

Cough paroxysmal. Expectoration bloody, mucus and yellow

On Observation:

1. **Associated renal failure**
2. Blood vessels of neck distended
3. Clenched jaw
4. **Clenching of teeth together**
5. **Coldness of hands and fingers**
6. Coldness of the face
7. Convulsive gestures
8. **Eating or drinking swallowing is always noisy**
9. Eyelids half open
10. Eyes glassy appearance
11. Eyes staring
12. Face bloated
13. **Face discoloration bluish, cyanotic or pale**
14. Face perspiration
15. Face sunken
16. Froth from the mouth
17. **Gurgling sound in throat while drinking**

18. Head drawn sidewise upon shoulder
19. Involuntary movement of hands
20. Involuntary stool and urine
21. Protruding tongue
22. Respiration accelerated
23. **Respiration gasping, rattling and stertorous**
24. Speech incoherent
25. **Swallowing impossible**
26. Urine color light yellow
27. Urine sediment thick

On Examination:

1. Pulse irregular, slow, weak or soft

7. Lachesis muta

Lachesis patient that you are going to see in respiratory failure will be extremely toxic; his expression will be cyanotic and mottled. **The face is puffy.**

Lips become swollen and cyanotic; speech thick due to difficulty in articulations. Sometimes pulmonary oedema patient may go into a delusion especially somebody is going to poisoned them. **Tongue is dark, swollen, red, salivation sticky.** Facial expression will be haggard or vacant.

Palpitation of the heart with anxiety. Cachexia. **Great fear to lie down because of suffocation, dread to lie down also because they start severe coughing, and associated with violent headache.** They feel as if the blood from the body is rushed or forced into the head. Head is hot and bursty, at the same time legs and feet are icy cold.

Many times I have seen Lachesis patient complaining of feeling of fullness in the chest just behind the sternum. The collection of fluid in

the lungs is more on the left side. They cannot bear to have anything close around the neck as they would be strangulated. **They are unable to bear any pressure on the chest even of the blanket.**

Sputum is scanty; sometimes the patient feels to expectorate but the expectoration gets stuck half way in the respiratory tract and they cannot expectorate it further.

The skin of the chest is extremely sensitive to touch. The person hates any strong odor especially of tobacco in the room where he is lying down.

They are extremely hot and like hot stuffy room. They have a marked aggr after sleep. Sometimes they wake up from the sleep quite distressed. **One can also observe fine tremors in the hands.**

Cough is worse after eating, excitement or waking on and better by expectoration.

Respiration accelerated and arrested during cough or during sleep and better by bending forward or bending head backward.

Respiration gets difficult on slightest exertion or lying down and better by sitting bend forward or erect.

X-ray of the chest shows dilatation of the heart.

On Observation:

1. **Bleeding of lips**
2. Bloated face
3. **Cold perspiration on the face**
4. Constant disposition to swallow
5. **Cracked lips**
6. Epistaxis
7. Excessive dyspnoea in nose
8. **Expression haggard and vacant**

9. Eyes discoloration red
10. Eyes sunken
11. Face discoloration red or pale
12. Injected conjunctiva
13. Nose pointed
14. **Picking at nose till it bleeds**
15. Pupils dilated and insensible to light
16. Swelling on the lips
17. **Throat choking during sleep**
18. Tongue cracked
19. **Tongue discoloration brown and yellow**
20. Tongue trembling

On Examination:

1. Pulse frequent, full or slow and small

8. Latrodectus mactans

This black widow spider becomes very useful remedy in respiratory failure if following symptoms are present: **strong fear of suffocation, respiratory failure associated with severe restlessness.**

Respiration is gasping and irregular. Loud expiration.

Cough is loose with frothy expectoration. **Sense of constriction in the chest.**

There may be a past history of pneumonia.

X-ray chest shows pulmonary oedema.

On Observation:

1. Chewing motion of jaw
2. **Coldness of hands**
3. Conjunctiva red and injected
4. Cracked lips
5. Expression anxious
6. **Face congested**
7. **Face perspiration**
8. **Oedematous swelling of the lids**
9. Pupils dilated
10. Speech difficult
11. **Tendency to hemorrhage**

On Examination:

1. Pulse frequent, irregular or soft and thready

9. Lobelia inflata

In cases of respiratory failure of Lobelia inflata there is severe air hunger, they want to be left quiet but they do not want to be left alone.

They complain of severe oppression of the chest. There is severe dry, exhausted cough accompanied by nausea. Any motion aggravates the cough and nausea. **Nausea accompanied by salivation and it is better by drinking or eating.**

Respiration arrested during cough. Respiration gets difficult on slightest exertion, ascending, motion, walking rapidly, on lying down and in cold air. Respiration difficult aggravated in cold air; after warm food and when going to a warm room from open air, the **respiratory distress is mostly accompanied by cyanosis.**

Tenderness of the sacral bone or discomfort of the sacral bone is strong concomitant of Lobelia.

X-ray chest may show pulmonary tuberculosis or pneumonia.

On Observation:

1. Cold perspiration of forehead
2. **Cold perspiration on the face**
3. **Coldness of teeth**
4. Coldness of the face
5. **Cyanosis**
6. Disposition to hawk
7. Oedema of the chest wall
8. Respiration accelerated
9. **Tongue white**
10. **Viscid saliva**

On Examination:

1. Pulse fast and thready or intermittent and small or frequent

10. Lycopodium clavatum

In majority of cases of pulmonary failure you will not think of Lycopodium as the first remedy but if you study the case very closely you will not miss Lycopodium.

The patient looks quite anxious, face blotted especially between the eyes. The jaw is slightly clenched; face looks earthy grayish or pale. Expression is confused and pinched.

Respiration is accelerated as soon as the person makes an attempt to sleep the respiration gets arrested. **The episode of dyspnoea comes late in the afternoon or after midnight. Lying on the back or on the left side is impossible.**

Any sort of exertion or motion will also aggravate the situation. **This discomfort in respiration is associated with gastric concomitant of eructation and flatulence.** Sitting erect gives a big relief to the patient.

They usually have frown on the forehead. **The lips tend to be cyanosed.** Emotionally they are quite anxious and constantly needing attention. They are quite domineering, even when they are breathless, on their attendants. **Whenever they wake up from the sleep they tend to be quite peevish and irritable.**

Associate with respiratory distress they have a pinched nose and a good deal of flapping of alae nasi or there can be twitching of the muscles of the face. The teeth are quite yellow. **They complain of sour taste in the mouth.** Tongue tends to be coated white. **Most of the patients are not at all thirsty but if they are thirsty they are thirsty for warm drinks.** However if they drink more it produces sense of fullness and distension in the abdomen.

The cough is always difficult after midnight. Cough is barking, hoarse, hollow and loose. **Cough is worse on ascending stairs and lying on side and better lying on back.**

Often patient complain of rawness in the chest after coughing. Sputum is scanty, bloody, gelatinous, frothy and purulent tasting like an old cheese or salty.

Most of the Lycopodium patients, during an attack, are chilly. They are sensitive to cold but they dislike warm weather or stuffy room. There may be palpitation during the attack aggravated by lying on left side. **Mostly the pulmonary oedema occurs on the right lung than the left.**

There may be a past history of valvular heart disease, cerebro-vascular accident, aneurysm, osteoporosis, eosinophilia, high cholesterol, hypertension, thyroid, tobacco smoking, post nasal catarrh, epistaxis and nasal polyps.

X-ray chest may show pulmonary tuberculosis, pneumonia or bronchitis.

ECG may show ST-T wave changes and cardiac hypertrophy.

On Observation:

1. **Cold perspiration on the face**
2. Cyanosis
3. **Perspiration on the forehead**
4. Respiration gasping, wheezing and whistling

On Examination:

1. **Dropsy on dependant parts**
2. Emaciation around clavicles, emaciation on exertion
3. **Liver and spleen enlarged**
4. Pulse frequent, full and hard

11. Mercurius solubilis

Cough is dry with two paroxysms. Violent paroxysms of cough are followed by a short period of no cough. Right lung is always much more affected than the right.

Respiration accelerated; arrested during cough; difficult on exertion. Lying is impossible especially on the left side and exertion, ascending stairs or walking aggravates the difficulty in respiration. There is severe oppression of breathing.

There is barking, asthmatic, hacking and hoarse type of cough that is worse on lying, motion and during sleep. Expectoration is bloody, ropy and frothy.

There may be a past history of cerebral vascular accident, hypertension, tuberculosis, pneumonia, bronchitis, epistaxis and meningitis.

X-ray chest may show pulmonary tuberculosis, bronchitis and pneumonia.

On Observation:

1. Difficult speech rather hurried
2. **Drenched with sweats all over the body**
3. **Excessive thirst, desire for ice cold drinks**
4. Face bloated
5. Generalized tremors especially tremors of the hand, tongue and facial muscles.
6. **Nose sunken**
7. **Picking of the nose**
8. Puffy face
9. Salivation
10. **Skin greasy**
11. Swelling of the left lower eyelid
12. **Swollen, flabby and pale tongue**
13. Ulceration at the corners of the mouth

On Examination:

1. On chest auscultation cardiac murmurs
2. Pulse is frequent and full or intermittent and almost imperceptible

12. Naja tripudians

In cases of pulmonary failure on Naja tripudians patient is extremely dyspnoeic, he is unable to speak, if he speaks gets choke. **There may be severe hypo or hypertension due to respiratory insufficiency.** Patient feels constant distress on cardiac region which is better in the open air.

There will be violent palpitation of the heart. It is a useful remedy for fatty degeneration of heart and valvular heart disorders.

Respiration arrested, they want to be fanned with difficult respiration or excessive fan to have comfortable breathing. Lying is impossible for them especially on the left side; they feel better after lying on right side. Respiration is difficult on waking.

Cough is worse by slightest exertion or in the night.

Expectoration is dark, thick and viscid.

X-ray chest may shows bronchitis, hypertrophy of the heart.

On Observation:

1. Choking as soon as he makes an attempt to go to sleep
2. Coldness of the face
3. Eyelids open
4. Eyes sunken
5. **Facial expression haggard**
6. Foam and froth from the mouth
7. **Head hot with coldness of extremities**
8. Mucus from the larynx ejected with difficulty
9. **Perspiration of foot, perspiration on hands on coughing**
10. Pupils insensible to light
11. Pupils sluggish
12. Respiration accelerated, gasping, panting and stertorous.
13. **Restlessness of legs**
14. Saliva frothy
15. Spasms of the esophagus
16. **Speech difficult due to choking**
17. Tongue white coated

18. Voice weak and hoarse

On Examination:

1. On chest auscultation cardiac murmurs
2. Pulse slow, small, soft or imperceptible

13. Opium

Opium is a useful remedy for pulmonary failure in young people, infants and alcoholics. **Respiration gasping, arrested, accelerated, deep and stridulous.**

Spasms of the larynx causes cough. Cough is worse by cold drinks, after midnight or during sleep. Voice becomes deep and hoarse.

Expectoration is bloody and frothy.

Respiration is moaning and stertorous; Cheyne-Stokes breathing. Respiration is arrested during cough or during sleep. **Respiration is difficult in the night, on waking, when falling asleep and patient must be awakened to avoid suffocation.**

Face becomes cyanotic. Facial expression becomes besotted, confused, haggard or vacant.

X-ray chest may show pneumonia.

On Observation:

1. Bleeding from the tongue
2. Bores head into the pillow
3. **Coldness of the face**
4. **Coldness of the hands and feet**
5. Conjunctiva injected

6. **Cyanosis**
7. Dryness of hands
8. **Eyelids half open**
9. Eyes brilliant
10. Eyes red discoloration
11. Face bloated or sunken and wrinkled
12. **Face discoloration bluish**
13. Facial expression besotted, confused, haggard or vacant
14. Froth from the mouth
15. Glassy appearance of eyes
16. **Grinding of teeth**
17. Hot perspiration on face
18. Jaw clenched
19. Liquids come out of the nose on attempting to swallow
20. Loosening of clothes ameliorates
21. Mouth open
22. **Nails blue**
23. Neck pulsation
24. **Nose pinched or pointed**
25. Perspiration of the scalp hot or cold
26. Protruding tongue
27. **Protrusion of eyeballs**
28. Pupils dilated or contracted
29. **Respiration gasping, accelerated, deep and stertorous with puffy expiration**
30. **Retention of urine**
31. Saliva bloody, frothy and thick
32. Severe constipation
33. Speech thick and slurred
34. Swallowing difficult almost impossible

35. **Thick lips**
36. Tongue discoloration black, bluish black, purplish black or brown
37. **Trembling of the tongue**
38. Urine dark yellow, scanty and frothy
39. Wild look of the eyes

On Examination:

1. Pulse frequent and small or frequent and intermittent or irregular and slow or sometimes thready and weak
2. Abdomen cold to touch
3. Abdomen distended and tympanic

14. Phosphorus

Pulmonary failure of Phosphorus usually develops a very quick course, usually after surgery in old debilitated people. **The person starts developing dry cough with little hoarseness of voice within a day. Face looks flushed & wet; lips are mildly cyanosed and patient is extremely worried and anxious.**

Respiration is accelerated, rattling and stridulous and they desire to breathe deep, they gasp for the air. **There will be violent palpitation of the heart which is aggravated on slightest exertion or motion.**

Respiration is severely affected. Along with the difficult respiration there is epistaxis. **Respiration is difficult after exertion or after eating or walking rapidly or walking against the wind or by lying on back and on left side; better by sitting erect.** Patients feel that they cannot get enough air. The suprasternal notch becomes very prominent. There is flapping of alae nasi. **Hands are shaking, facial muscles are twitching.**

Cough is irritating and tormenting which is often accompanied by feeling of rawness and burning in the chest. Tongue is dry and red; later on it is whitish yellow. **The patient is general intensely thirsty for cold**

drinks. The mouth is dry; they usually crave for aerated water or cold juice. Patient wants to be propped up and they want the head to be thrown back so that they can breathe comfortably. They are extremely chilly; any draft of cold air may excite the cough.

Emotionally they want company and are scared of left alone. They are peaceful if someone gives them company, sympathy and warmth.

The sputum is usually bloody, copious, frothy, lumpy and rusty.

X-ray chest shows cardiomegaly, pulmonary tuberculosis, pulmonary oedema, or pneumonia.

On Observation:

1. **Boring of the nose with the finger**
2. Dilated nostrils
3. **Drooping of jaw**
4. **Eyelids half open**
5. Face is bloated and red
6. **Facial expression is distressed, haggard and pinched**
7. Glowing red cheeks
8. **Pupils are dilated and insensible to light and sluggish**
9. Shiny tip of the nose

On Examination:

1. On chest auscultation cardiac murmurs
2. Pulse is frequent, full and irregular

15. Sambucus nigra

In cases of pulmonary failure of Sambucus nigra respiration is accelerated, loud, and wheezing. Respiration is difficult in the night especially after

midnight. **Respiration arrested worse during sleep and cough. There is difficulty in respiration after midnight especially at 3 or 4 a.m.; or on waking; or when falling asleep; or during cough; on expiration and inspiration; and better by sitting erect.** Respiration asthmatic is accompanied by cyanosis.

Face become bloated and cyanosed and facial expression will be old looking. They become anxious with palpitation of the heart.

Barking, hard, rattling, constant and suffocative type of cough, worse midnight

Cough day and night. Expectoration is copious, mucus, tenacious.

X-ray chest shows pulmonary oedema.

On Observation:

1. Blueness of finger nails
2. **Cold perspiration on the face**
3. Coldness of hands during sleep
4. **Cyanosis**
5. Disposition to hawk
6. **Eyelids half open**
7. Face discoloration bluish or red
8. Face sunken
9. **Mouth open accompanied by coughing**
10. Mucus in larynx
11. **Nose snuffling**
12. **Perspiration on external throat**
13. Perspiration on scalp
14. Profuse salivation
15. Rattling in larynx
16. **Respiration accelerated, panting, rattling and stertorous**

17. Spasms of throat
18. **Tongue white**
19. Voice rough, toneless

On Examination:

1. Respiration arrested due to severe congestion in the lungs
2. Pulse frequent and full or frequent and small or weak

16. Senega

Senega is very useful remedy in cases of pulmonary failure. Respiration is rattling and asthmatic in old people. **Respiration becomes accelerated during anxiety; breathing gets difficult on ascending the stairs and on lying down; better by breathing deep and by sitting erect.**

Cough hard and constant aggravated in open air, and on lying in bed. **Excessive catarrh of bronchial tube in old people.** Expectoration is ropy, stringy and yellow.

There may be strong family history of pulmonary tuberculosis.

X-ray chest may show pneumonia and bronchitis.

On Observation:

1. Constant clearing the larynx
2. **Constant disposition to swallow saliva**
3. Cyanosis
4. Ecchymoses of sclera
5. Eyes discoloration red
6. Face discoloration red
7. **Head congestive during cough**
8. Offensive odor from the mouth

9. Pupils contracted and sluggish
10. **Respiration accelerated or rattling**
11. Saliva watery and viscid
12. Speech indistinct
13. **Stertorous breathing**
14. Tenacious mucus in the throat
15. Tongue coated yellow
16. **Trembling of the body sleep during**
17. Voice hoarse and rough

On Examination:

1. The pulse is irregular, small, weak or wiry.

17. Solaninum

This alkaloid is extracted from the plant Solanum Nigrum and Solanum Dulcamara. It is more powerful in action than Solaninum aceticum, rest of the symptoms are same.

There may be a past history of bronchitis.

On Observation:

1. Extreme prostration
2. Face congested
3. **Face stupefaction**
4. Mouth salivation
5. Pupils contracted
6. **Violent nausea with ineffectual efforts to vomit**

On Examination:

1. Tachycardia or pulse slow and thready

18. Solaninum aceticum

This remedy in my practice has a big reputation for respiratory failure of children as well as aged people. The paralysis in this remedy results from excessive accumulation of mucus as in cases of bronchiectasis, bronchitis, bronchial asthma and cancer of bronchus.

X-ray chest shows pulmonary oedema.

Blood Gas Analysis shows decreased partial pressure of O₂ and increased partial pressure of CO₂.

On Observation:

1. Expression stupefied
2. **Extremities cold**
3. Pupils contracted
4. **Salivation from the mouth**
5. Skin dry
6. Violent nausea

On Examination:

1. **Blood pressure high**
2. Pulse rate high
3. Respiration slow
4. **Rhales and Crepitations on auscultation**

19. Sulphur

Respiratory failure usually is secondary to severe infection and Sulphur usually comes in a later stage of respiratory failure, usually not as first prescription.

Many times suppressed skin eruptions may affect the lung producing allergic disorders of lungs leading to sudden congestion and respiratory failure. **Respiratory failure is usually accompanied by discomfort in epigastrium or abdomen.** Patient is unable breathe deeply. Lying on back aggravates the discomfort. **Lying is almost impossible especially on the left side.** Patient always wants doors and window open and wants to sit near window. Sitting ameliorates the breathlessness; and passing flatus which was obstructed ameliorates.

Dyspnoea usually comes due to mucus in the throat or severe spasm of bronchus; patient needs removal of the mucus from the trachea very frequently. There is choking, hollow and hoarse cough which is worse at night or due to irritation in the respiratory tract or during sleep or after having sweet meat.

Cough is loose without expectoration. **Loosening of clothes ameliorates.** There may be a past history of tuberculosis or suppressed skin eruptions.

Expectoration is pale, bloody and watery bloody.

Very hot patient; there is perspiration of the scalp especially occiput, axilla and feet. **Cold perspiration on the face and cervical back.** Desire to lie down.

Patient has lot anxiety with fever. Every oppression in the chest invites excessive.

Chest X-ray shows pulmonary oedema. Patient is quite complaining about his situation but any form of conversation aggravates the symptoms.

He may complain of presentiment of death. He has fear as if something bad will happen. There may be involuntary gestures. Gasping of mouth, picking up of clothes

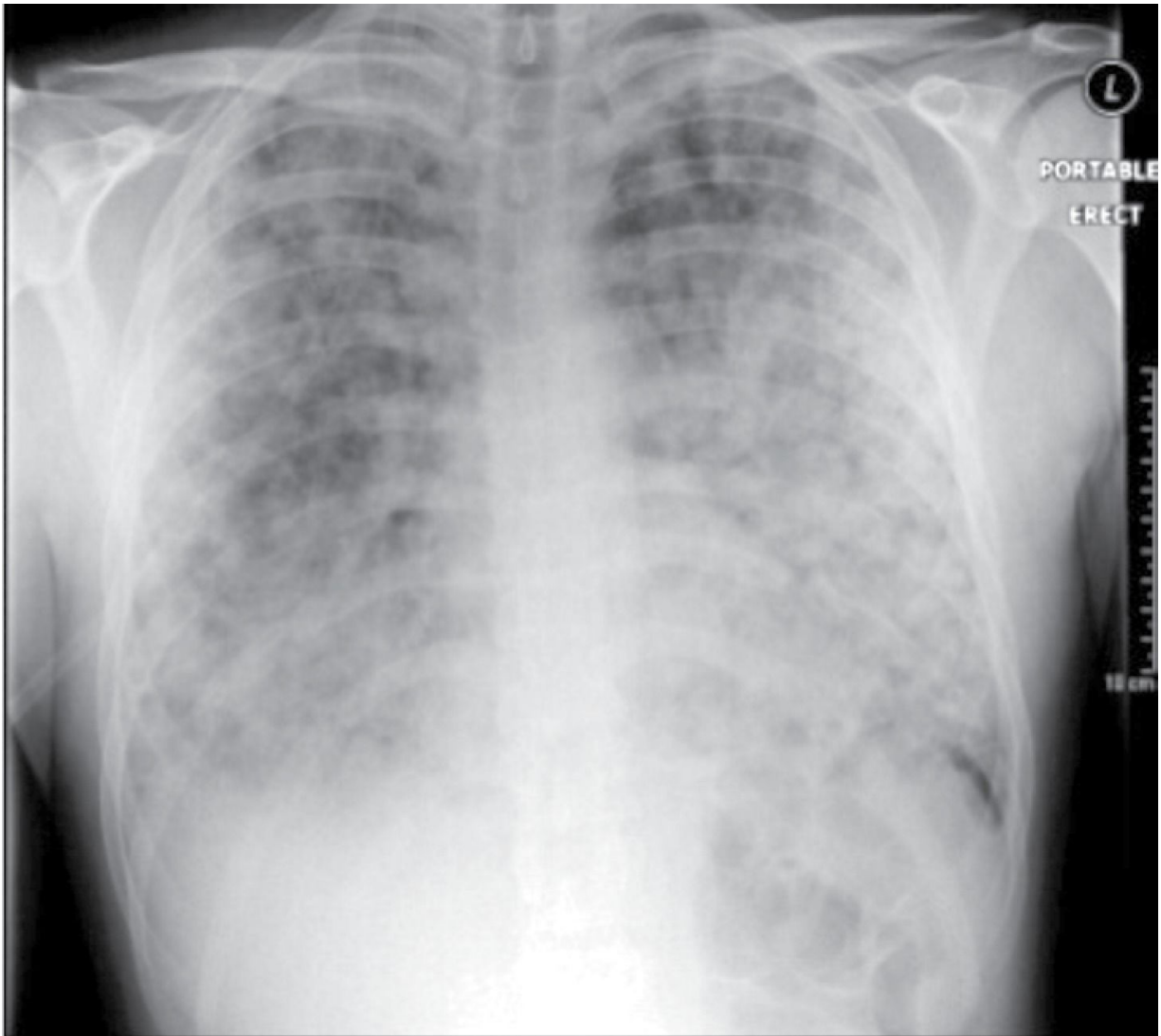
X-ray chest may show pulmonary tuberculosis or pneumonia.

On Observation:

1. Cheyne-Stokes respiration
2. **Offensive odor from the body**
3. Respiration accelerates as soon as he lies in the bed
4. **Respiration arrested sleep during or talking while**
5. Respiration is difficult in cold air or after slight exertion.
6. **Subglottic secretion increased**

On Examination:

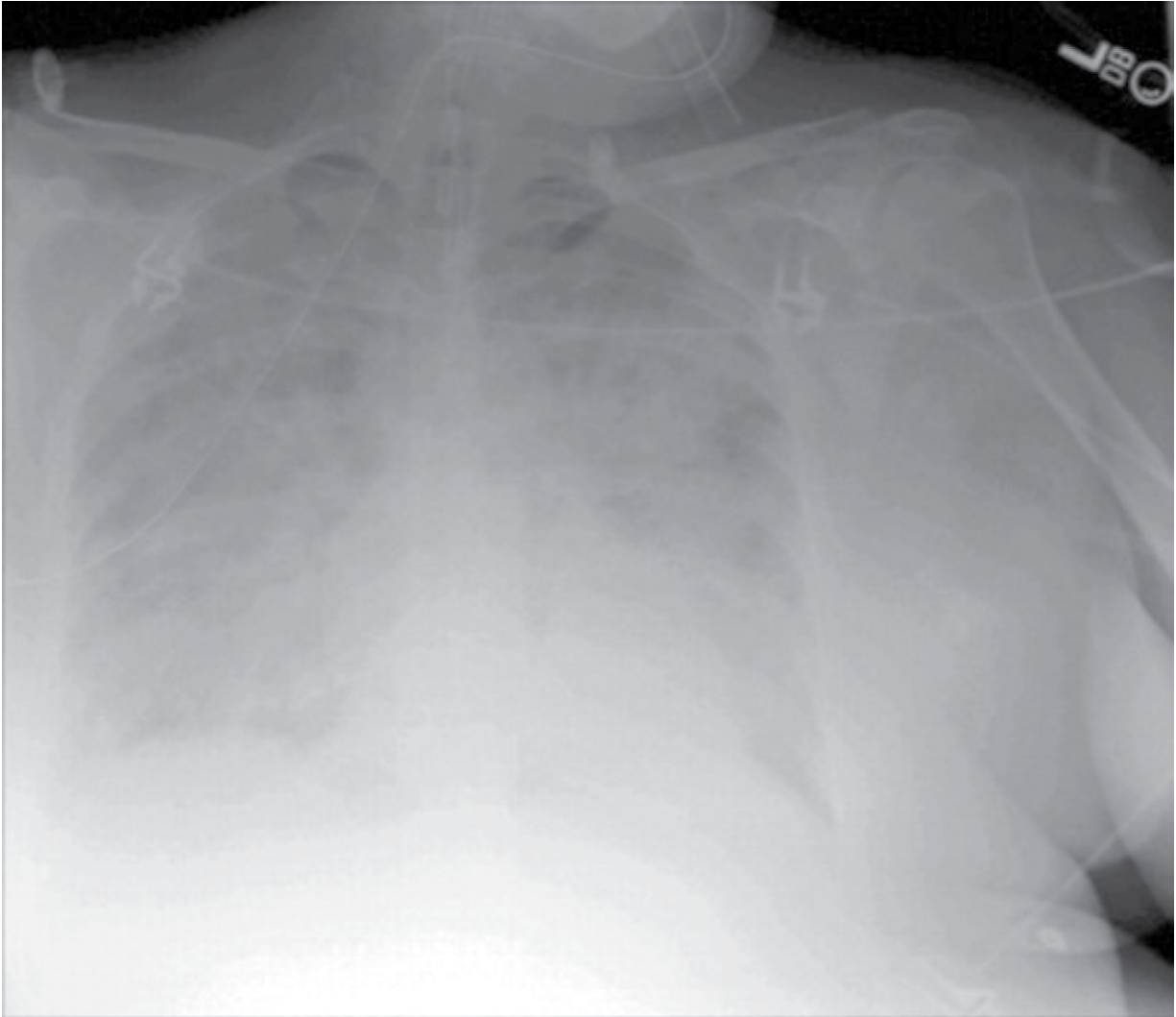
1. Anemia
2. On auscultation there is rattling, stertorous and wheezing
3. Pulse frequent, full or small imperceptible



Hydrocyanic Acidum

1. A known case of pneumonia leading to respiratory failure
2. Face bloated
3. Clenching of the jaw
4. Dark discoloration of the face
5. Voice hoarse
6. Respiration accelerated
7. Gasping for air
8. On auscultation lot of wheezing

9. Cough violent
10. Severe sense of suffocation due to constriction around trachea and larynx



Lycopodium Clavatum

1. Respiratory failure in a case of amyotrophic lateral sclerosis
2. Face bloated and bluish discoloration
3. Facial expression pinched and suffering
4. Perspiration on the face
5. Wrinkled forehead

6. Respiration difficult worse lying on back and better by sitting erect
7. Cough constant, distressing and exhausting
8. Cough aggravate on lying down
9. Cough preventing sleep
10. Constriction in the region of heart
11. Oppression in the chest in the night

CLINICAL REPERTORY OF THE RESPIRATORY DISEASES

MIND

ANGER: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

ANGUISH: Acon, Ant-t, Ars, Bell, Calc, Carb-v, Hep, Phos, Puls, Sep
Driving from place to place: Ars

ANSWERS:

Difficulty, with: Bapt

Irrelevantly: Bell, Carb-v, Phos, Sulph

Refuses: Ars, Bell, Phos, Sulph

Slowly: Ars, Carb-fl, Merc, Phos, Rhus-t, Sep, Sulph

ANXIETY: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Lach, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Rooming: Ars, Carb-fl, Ipec, Lyc, Phos, Puls, Rhus-t, Sep, Sulph

Evening: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

In bed: Ars, Bry, Calc, Carb-v, Hep, Lyc, Phos, Puls, Sep, Sil, Sulph

Night: Acon, Ars, Bell, Bry, Calc, Carb-v Ferr-p, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

On waking: Ars, Carb-v, Chel, Lyc, Phos, Puls, Sil, Sulph

Midnight, after: Ars, Calc, Hep, Lyc, Rhus-t

3 a.m.: Ars, Sil

Alone, when: Ars, Phos

Bed, in: Ars, Bry, Calc, Carb-v, Hep, Lyc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Chill, during: Acon, Ars, Calc, Carb-v, Phos, Puls, Rhus-t, Sep

Fear, with: Acon, Ant-t, Ars, Bell, Bry, Calc, Chel, Ferr-p, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sulph

Fever, during: Acon, Ars, Bell, Bry, Calc, Ferr-p, Hep, Ipec, Merc, Phos, Puls, Rhus-t, Sep, Sulph

House, in: Ars, Bry, Chel, Lyc, Puls, Rhus-t

Lying on left side: Phos, Puls

Menses, after: Acon, Bell, Calc, Merc, Phos, Sil, Sulph

Noise, from: Chel, Puls, Sil

Pressure on chest: Sulph

Sleep, during: Acon, Ars, Bell, Hep, Lyc, Merc, Phos, Puls, Rhus-t

Thunderstorm, during: Phos, Sep

Waking, on: Acon, Ars, Bell, Calc, Carb-v, Hep, Ipec, Lyc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

BUSINESS: TALKS OF: Ars, Bell, Bry, Phos, Sulph

CONFUSED: Bapt

COMPANY:

Aversion to: amel alone: Ferr-p, Lyc, Phos, Sep, Sulph

Desires: Acon, Ars, Bell, Bry, Calc, Carb-v, Hep, Kali-c, Lyc, Merc, Phos, Puls, Sep,

Agg While alone: Ars, Calc, Lyc, Phos, Sil

Hand being held (physical contact): Phos

CONFUSION OF MIND: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Morning: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Iod, Lyc, Merc, Nat-s, Phos, Rhus-t, Seneg, Sep, Sil, Sulph

Compelled to arouse himself: Carb-v, Sulph

Eating, after: Bell, Calc, Carb-v, Ferr-p, Lob, Lyc, Merc, Phos, Puls, Sep, Sil, Sulph

Waking, on: Acon, Ant-t, Ars, Bry, Calc, Carb-v, Chel, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Warm room, in: Acon, Bell, Iod, Lyc, Phos, Puls, Sulph

CONSOLATION agg: Ars, Bell, Calc, Lyc, Merc, Sep, Sil

CONTRADICTION:

Disposed to: Hep, Lyc, Merc

Intolerable: Acon, Ars, Bry, Lyc, Merc, Sep, Sil

DEATH:

Presentiment of: Acon, Ars, Bell, Bry, Calc, Chel, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep

Thoughts of: Acon, Ars, Chel

Die, certain he is going to: Acon, Ars

Sensation of going to, on waking: Sulph

DELIRIOUS: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Sil, Sulph, Verat-v

Early: Bapt; Verat-v

Quiet: Bry, Carb-v, Chel, Phos, Rhus-t

Wandering: Bapt; Bry

Talking of business: Bry

Home, say they want to go, when they are already: Bry

Terrifying: Verat-v

Sees faces and figures on wall: Verat-v

Daybreak: Bry

Night: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Lyc, Merc, Puls, Sep, Sil, Sulph

Frightful: Acon, Bell, Calc, Phos, Puls, Sil

Muttering: Ars, Bell, Bry, Chel, Hep, Lyc, Merc, Phos, Rhus-t

Sleep, during: Acon, Ars, Bell, Merc

Sleepiness, with: Acon, Bry, Puls

Violent: Acon, Ars, Bell, Phos, Puls

Wild: Bell

DELUSIONS: Acon, Ars, Bell, Bry, Calc, Carb-v, Iod, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Die, that he was about to: Acon, Chel, Rhus-t

Faces, sees: Ars, Bell, Calc, Carb-v, Merc, Phos, Sulph

On closing eyes: Ars, Bell, Bry, Calc, Carb-v, Sulph

DESPAIR: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Lyc, Merc, Nat-s, Puls, Rhus-t, Sep, Sil, Sulph

Chill, during: Acon, Ant-t, Ars, Bell, Bry, Calc, Hep, Merc, Rhus-t, Sep

Sweat, during: Ars, Calc, Carb-v, Lyc, Sep

Recovery, of: Acon, Ars, Bry, Calc, Sep, Sil

DISCONTENT, DISPLEASED, DISSATISFIED: Acon, Ars, Bell, Bry, Calc, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

DWELLS ON PAST DISAGREEABLE OCCURRENCES AFTER MIDNIGHT: Rhus-t

ESCAPE, ATTEMPTS TO: Acon, Ars, Bell, Bry, Merc, Phos, Puls, Rhus-t, Sulph, Tub

EXCITEMENT: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Iod, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Tub

Chill, during: Acon, Ars, Calc, Carb-v, Hep, Lyc, Phos, Puls, Sulph

Nervous: Acon, Phos

FEAR: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Alone, of being left: Acon; Ars; Kali-c; Phos

Sleep, of going to, because of coughing on waking: Lach

Sleep, of going to, because of suffocation on waking: Lach

Evening: Ant-t, Ars, Calc, Carb-v, Hep, Lyc, Merc, Phos, Puls, Rhus-t

Twilight: Calc, Phos, Puls, Rhus-t

Night: Ars, Bell, Calc, Carb-v, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sil, Sulph

Alone, of being: Ant-t, Ars, Bell, Bry, Calc, Hep, Lyc, Merc, Phos, Puls, Sep

Death, of: Acon, Ant-t, Ars, Bell, Bry, Calc, Ferr-p, Hep, Ipec, Lob, Lyc, Phos, Puls, Rhus-t, Sep, Sulph, Verat-v

When alone: Ars, Bell, Phos

People, of: Acon, Ars, Bell, Calc, Carb-v, Ferr-p, Hep, Iod, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sulph

Poverty, of: Bry, Calc, Puls, Sep, Sulph

Robbers, of: Ars, Bell, Merc, Phos, Sil, Sulph

FRIGHTENED EASILY: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Wakens at 3 a.m.: Ars

HOME, DESIRES TO GO: Bell, Bry, Calc, Rhus-t

IMPATIENCE: Acon, Ars, Bell, Bry, Calc, Carb-v, Hep, Iod, Ipec, Lyc, Merc, Puls, Rhus-t, Sang, Sep, Sil, Sulph

INDIFFERENCE: Acon, Ant-t, Ars, Bell, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Chill, during: Phos, Puls, Sil

Everything, to: Acon, Bell, Carb-v, Merc, Phos, Sep, Sulph

Extending things, to: Lyc, Sulph

IRRITABILITY: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Tub, Verat-v

Morning on waking: Ars, Bell, Bry, Lyc, Puls, Rhus-t, Sulph

Evening: Ant-t, Calc, Lyc, Phos, Puls, Sil, Sulph

Night: Lyc, Phos, Rhus-t

Chill, during: Acon, Ars, Bell, Bry, Calc, Carb-v, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Consolation agg: Bell, Calc, Lyc, Merc, Sep, Sil

LAMENTING, BEMOANING, BEWAILING, ETC.: Acon, Ars, Bell, Bry, Calc, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph, Verat-v

LAUGHING: Loudly: Ben; sleep, during: Lyc, Sep, Sil, Sulph

LOATHING OF LIFE: Ant-t, Ars, Bell, Calc, Carb-v, Hep, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph

LETHARGIC: Bapt, Chel, Lyc, Seneg

LOOKED AT, AVERSE TO BEING: Ant-t

MILD, GENTLE, WEEPY: Puls

MILDNESS: Acon, Ars, Bell, Calc, Chel, Iod, Lyc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

MOANING, GROANING, ETC: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ipec, Merc, Phos, Puls, Rhus-t, Sulph

MOROSE: Bell, Dry, Calc, Carb-v, Chel, Ferr-p, Ipec, Lyc, Merc, Phos, Puls, Sang, Sil, Sulph

PROSTRATION OF MIND: Ars, Bry, Calc, Carb-v, Hep, Iod, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

QUIET:

Chill, during: Ars, Bry

Desire for: Bell, Bry, Chel, Ferr-p, Lob, Nat-s

RESTLESS: Acon, Ars, Bapt, Merc, Nat-s, Rhus-t

Aching general, because of: Bapt, Nat-s, Seneg

Pain, in spite of, being worse: Bry

Walk, about, with desire to get out and: Rhus-t

RESTLESSNESS, NERVOUS: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph

8 p.m.: Calc, Merc

Night: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Iod, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph, Verat-v

Midnight, after: Ars, Lyc, Sil, Sulph

Anxious: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Bed, drives one out of: Ars, Bell, Bry, Ferr-p, Hep, Lyc, Merc, Puls, Rhus-t, Sep, Sil

Wants to go from bed to bed: Ars, Bell, Calc, Merc, Rhus-t, Sep

Tosses about in bed: Acon, Ant-t, Ars, Bell, Bry, Calc, Ferr-p, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sulph

Chill, during: Acon, Ars, Bell, Carb-v, Rhus-t

Heat, during: Acon, Ant-t, Ars, Bell, Calc, Carb-v, Ferr-p, Ipec, Lyc, Puls, Rhus-t, Sulph

Int.: Acon, Ars, Chel, Lob, Lyc, Phos, Rhus-t, Sep, Sil

Menses, before: Acon, Lyc, Puls, Sulph

Room, in: Iod, Lyc

SADNESS: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Verat-v

Evening: Ant-t, Ars, Calc, Carb-v, Ferr-p, Hep, Lyc, Phos, Puls, Rhus-t, Seneg, Sep, Sulph

Alone, when: Ars, Calc, Lyc, Phos, Sil

Chill, during: Acon, Ars, Calc, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep

Heat, during: Acon, Ars, Bell, Bry, Calc, Lyc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Menses, before: Bell, Calc, Ferr-p, Lyc, Phos, Puls, Sep

Warm room: Calc, Puls, Rhus-t

SENSES ACUTE: Ars, Bell, Phos

SENSITIVE: Acon, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Lyc, Merc, Nat-s, Phos, Puls, Seneg, Sep, Sil, Sulph

Noise, to: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Kali-c, Lach, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil

Smell to: Lach

Talking to: Ferr-p

SHRIEKING: Acon, Ars, Bell, Bry, Calc, Carb-v, Ipec, Lyc, Merc, Phos, Puls, Seneg, Sep, Sil, Sulph, Tub

Pain, with the: Acon, Ars, Bell, Puls

Sleep, during: Bell, Bry, Calc, Chel, Hep, Ipec, Lyc, Phos, Puls, Sep, Sil, Sulph

Urination, before: Lyc

SIGHING: Acon, Bell, Bry, Ipec, Puls, Rhus-t, Sulph

Sweat, during: Acon, Ars, Bry, Ipec, Phos, Rhus-t, Sep

SPEECH:

Incoherent: Ars, Bell, Bry, Chel, Hep, Merc, Phos, Rhus-t, Sulph

Prattling: Bry

Unintelligible: Acon, Ars, Bell, Lyc, Merc, Sil

Wandering: Acon, Ars, Bell, Bry, Calc, Lyc, Merc, Phos, Puls, Rhus-t, Sulph

Hasty: Acon, Ars, Bell, Bry, Hep, Lyc, Merc, Sep, Pyrog

Loquacious: Pyrog

Slow: Bapt

Stammering: Merc

Thick and stumbling: Lach; Merc

STARTING: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Lyc, Merc, Phos, Rhus-t, Sep, Sil, Sulph

Evening on falling asleep: Ars, Bell, Bry, Sulph

Fright, from: Acon, Bell, Bry, Carb-v, Lyc, Merc, Nat-s, Phos, Sep, Sil, Sulph

Noise, from: Ars, Calc, Carb-v, Chel, Lyc, Merc, Nat-s, Rhus-t, Sil, Sulph

Sleep, on falling to: Ars, Bell, Bry, Carb-v, Hep, Ipec, Lyc, Merc, Nat-s, Phos, Sep, Sil, Sulph, Tub

Sleep, from: Acon, Ant-t, Ars, Bell, Bry, Carb-v, Chel, Hep, Lyc, Merc, Phos, Puls, Sang, Sep, Sil, Sulph

STUPEFACTION: Acon, Ant-t, Ars, Bell, Bry, Calc, Chel, Ferr-p, Iod, Ipec, Lyc, Nat-s, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

TALKING:

Aggravates physical condition: Bry, Sulph

Indispose to talk: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Loquacious: Pyrog

Loud, Sensitive, to: Ferr-p

Of others agg: Ars, Nat-s, Rhus-t, Sep, Sil

TERRIFIED: Acon, Ars, Bell

Delirium, in: Verat-v

UNCONSCIOUS: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph, Verat-v

Morning: Bry, Chel, Lyc, Phos, Sulph
On rising: Bry
In crowded room: Ars, Lyc, Phos, Puls, Sulph
Frequent spells: Ars, Phos
Least motion: Ars
Rising up: Bry, Carb-v
Transient: Calc, Chel, Hep, Puls, Sil
Afternoon in warm room: Puls
Warm room: Acon, Lyc, Puls

WEARY OF LIFE: Ars, Bell, Calc, Carb-v, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Sweat, during: Calc, Hep, Merc, Sil

WEEPING: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph

11 a.m.: Sulph

4 to 8 p.m.: Lyc

Aloud: Lyc, Phos, Puls, Sulph

Alternate with laughter: Acon, Bell, Calc, Lyc, Merc, Phos, Puls, Sep, Sulph

Causeless: Ars, Bell, Lyc, Puls, Sulph

Without knowing why: Rhus-t, Sep

Chill, during: Acon, Ars, Bell, Calc, Carb-v, Hep, Lyc, Merc, Puls, Sil, Sulph

Consolation agg: Bell, Calc, Lyc, Merc, Sep, Sil, Sulph

Cough, before: Ant-t, Bell, Bry, Hep

Cough during: Ant-t, Ars, Bell, Hep, Ipec, Lyc, Sep, Sil, Sulph

Heat, during: Acon, Bell, Bry, Calc, Ipec, Lyc, Puls, Sulph

Involuntary: Bell, Merc, Phos, Puls, Rhus-t, Sep

Sweat, during: Acon, Bell, Bry, Calc, Lyc, Phos, Puls, Rhus-t, Sep, Sulph

HEAD

BURSTING AND HOT: Lach

PAIN:

Location:

Frontal Over eyes: Bry

Occipital: Nat-s

Type:

Congestive: Bell

Throbbing: Bell

Aggravated by:

Coughing: Lach

Movement: Bell; Bry

Sitting up: Bry

Talking: Bry

Position:

Head back, chin up, ameliorates breathing: Phos

EYES

BRILLIANT: Ars, Bell, Lyc, Puls

CLOSED, HALF: Bap

DISTORTED: Acon, Ars, Bell, Carb-v, Chel, Merc, Puls, Sil, Sulph, Verat-v

DULL: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Iod, Lyc, Merc, Phos, Rhus-t, Sang, Sulph

HEAVY: Bap

OPEN LIDS: Ant-t, Iod, Lyc

Half: Ant-t, Ars, Bell, Bry, Ferr-p, Ipec, Lyc, Merc, Phos, Rhus-t, Sulph

PHOTOPHOBIA: Acon, Ant-t, Ars, Bell, Bry, Calc, Chel, Hep, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph, Tub

Intense: Bell

Mild: Verat-v

Evening: Calc, Lyc, Merc, Sil

Chill, during: Acon, Ars, Bell, Hep, Lyc, Rhus-t, Sep

Daylight: Acon, Ars, Bell, Bry, Hep, Lyc, Merc, Phos, Sep, Sil, Sulph

Light of fire: Merc

Of sun: Acon, Ars, Bry, Calc, Hep, Merc, Phos, Sulph

PUPILS:

Contracted: Acon

Dilated: Bell; Verat-v Pupils dilated: Acon, Ars, Bell, Calc, Chel, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Sang, Sulph

RED: Sulph

STARING: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sil, Sulph

SUNKEN: Ant-t, Ars, Bell, Calc, Carb-v, Chel, Ferr-p, Iod, Lyc, Merc, Phos, Puls, Sang, Sep, Sulph

SWOLLEN: Acon, Ars, Bry, Carb-v, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep

Morning: Bry, Sep, Sil, Sulph

NOSE

ALAE NASI, Motion of wings fan-like: Ant-t, Chel, Iod, Lyc, Phos, Sulph

Flapping: Ant-t; Carbo-v; Lyc; Phos

Twitching: Phos

DILATED NOSTRILS: Ant-t, Ars, Lyc, Phos

EPISTAXIS:

Coughing bouts, follows: Ferr-p

PINCHED AND POINTED: Ant-t

RED: Sulph

SENSITIVE TO SMELL: Lach

SMELL ACUTE

Strong odors: Acon, Bell, Bry, Calc, Hep, Lyc, Phos, Puls, Sep, Sulph

Flowers: Lyc, Phos, Sang

Food: Ars, Ipec, Sep

SNEEZING ATTACKS: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Morning: Bry, Calc, Lyc, Merc, Phos, Puls, Sep, Sulph

Evening: Iod, Phos, Puls, Sulph

Frequent: Acon, Ars, Bell, Bry, Calc, Carb-v, Hep, Lyc, Merc, Phos, Rhus-t, Sang, Sep, Sil, Sulph

Ineffectual: Acon, Calc, Carb-v, Lyc, Phos, Sil, Sulph

Uncovering, from: Hep, Merc, Rhus-t

Hands: Hep, Rhus-t

Warm room: Puls

SOOTY NOSTRILS: Ant-t, Lyc

FACE

BLOATED: Bapt; Bry; Kali-c; Lach; Phos; Puls; Seneg; Verat-v

CHLOROTIC: Ars, Bell, Calc, Carb-v, Ferr-p, Lyc, Merc, Phos, Puls, Sep, Sulph

CONGESTED: Acon, Ant-t, Bell, Bry, Calc, Iod, Phos, Puls

DISCOLORATION:

Ashy: Ars, Phos, Sulph

Black lips: Acon, Ant-t, Ars, Bry, Carb-v, Merc, Phos, Rhus-t

Bluish

Chill during: Bry, Sulph, Tub

Lips: Ars, Ipec

Cough during: Bell, Ipec

Changing color: Acon, Ars, Bell, Phos, Puls

Cyanotic: Ars, Bapt; Carbo-v; Lach; Nat-s; Rhus-t

Earthy: Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Iod, Ipec, Lyc, Merc, Phos, Puls, Sep, Sil, Sulph

Grayish: Ars, Carb-v, Chel, Lyc, Phos

Yellow: Carb-v, Chel, Lyc

Greenish: Ars, Carb-v, Chel, Iod, Merc, Puls

Pale: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph, Tub, Verat-v

Chill during: Bell, Bry, Hep, Ipec, Lyc, Phos, Puls, Rhus-t, Sep, Sulph

Heat during: Ars, Ipec, Lyc, Puls, Rhus-t, Sep

Lips: Ant-t, Ars, Calc, Ferr-p, Ipec, Lyc, Puls, Sulph, Verat-v

Red: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph, Verat-v

Afternoon: Sang, Tub

Circumscribed: Acon, Ant-t, Ars, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Lyc, Merc, Phos, Puls, Sang, Seneg, Sep, Sil, Sulph, Tub

Cough during: Acon, Bell, Bry, Carb-v, Hep, Ipec, Lyc, Sang, Sil, Sulph

Fever during: Bell, Chel, Ferr-p, Ipec, Lyc, Merc, Phos, Rhus-t, Sang, Sep, Sil, Sulph, Tub

Sallow: Ars, Calc, Carb-v, Chel, Ferr-p, Iod, Merc, Nat-s, Puls, Sep, Sulph

Sickly color: Ars, Calc, Carb-v, Chel, Iod, Lyc, Merc, Nat-s, Phos, Rhus-t, Sil, Sulph, Tub

Yellow: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Drawn: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

DIRTY LOOKING: Sulph

EXPRESSION:

Anxious: Acon, Ant-t, Ars, Bell, Calc, Carb-v, Chel, Kali-c, Lyc, Merc, Sulph

Frightened: Kali-c

Frowning: Lyc

Confused: Ars, Lyc, Phos

Distressed: Ars, Iod, Phos

Fear: Acon, Ars

Haggard: Ars, Bell, Carb-v, Merc, Phos, Sang, Sil, Verat-v

Sickly: Acon, Ars, Calc, Carb-v, Chel, Iod, Lyc, Merc, Nat-s, Phos, Rhus-t, Sep, Sil, Sulph, Tub

Suffering: Acon, Ant-t, Ars, Carb-v, Chel, Phos, Puls, Sil, Sulph

FLUSHED:

General: Acon; bell; Phos; Pyrog; Seneg; Verat-v

Dusky: Bry; Chel; Ip; Lyc; Puls; Sulph

Yellow: Carbo-v; Chel

Malar: Chel; Ferr-p

Aggravated by:

Coughing: Ferr-p, Pyrog

Disturbed, being: Ferr-p

LIPS:

Cyanosed: Ars, Bapt, Kali-c, Lach, Lyc, Rhus-t

Cracked: Bry, Kali-c

Dry: (See Cracked.)

Herpes: Hep

Early: Rhus-t

Lower lip first: Rhus-t

Pale: Ip

Picking lips: Bry

Red: Hep; Sulph

Sordes on lips: Ars, Phos

Swollen: Bry, Carbo-v, Lach, Merc

Tender: Lach

HEAT: Acon, Ant-t, Ars, Bell, Bry, Calc, Chel, Ferr-p, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sil, Sulph, Tub

Evening: Acon, Ant-t, Bry, Hep, Lob, Lyc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Night: Hep

Anxiety, during: Carb-v

Burning: Acon, Bell, Bry, Chel, Iod, Rhus-t, Sang, Sulph

Chilliness, during: Merc

Flushes: Acon, Ars, Chel, Ferr-p, Hep, Lob, Lyc, Phos, Rhus-t, Seneg, Sep, Sil, Sulph

Shivering with: Sulph

HIPPOCRATIC: Acon, Ant-t, Ars, Carb-v, Ferr-p, Iod, Lyc, Merc, Phos

LIVID: Merc; Verat-v

PALLOR: Ant-t, Ars, Carbo-v, Kali-c, Lob

PERSPIRATION: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph, Verat-v

Cold: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Ipec, Lob, Lyc, Merc, Puls, Rhus-t, Sep, Sulph, Verat-v

Heat, during: Chel, Puls

One-sided: Puls, Sulph

Hot: Bry, Ip, Merc, Phos, Seneg, Verat-v

Cold: Ant-t, Carbo-v

PINCHED: Ant-t, Carbo-v, Lyc

SUNKEN: Acon, Ant-t, Ars, Bell, Calc, Carb-v, Chel, Ferr-p, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Rhus-t, Sep, Sulph

SWOLLEN: Morning: Ars, Calc, Merc

TWITCHING OF MUSCLES: Lyc; Phos

Coughing, when; Ant-t

Upper lip: Ars, Carb-v

on falling asleep: Ars

WRINKLED WITH CHEST SYMPTOMS: Lyc

MOUTH

APHTHOUS PATCHES: Hep, Merc

Burning and stinging to touch: Merc

CRACKS ON CORNERS: Hep

DRY: Acon, Ars, Bapt, Bell, Bry

HOT: Acon, Ars, Bell

OFFENSIVE: Bapt, Sulph

SORDES: Bapt

SALIVA, Profuse, Watery: Merc

TASTE:

Bitter: Bry, Hep, Nat-s

Metallic: Rhus-t

Sour: Lyc

Sweet: Desiring sour drinks: Ferr-p, Verat-v

Sweet and offensive: Merc

TONGUE

Aphthous patches: Hep, Merc

Burning and stinging to touch: Merc

Clean, in lobar pneumonia: Ip

Coated:

Heavily: Ant-t, Bry, Sulph, Verat-v

Brown: Ant-t, Ars

Congested: Bell

Dry: Acon, Bell, Bry, Carbo-v, Kali-c, Lach, Phos, Puls, Rhus-t, Sulph

Greasy: Merc

Red: Ars, Kali-c, Phos, Pyrog

Pale and flabby: Merc

Stiff: Lyc

Swollen: Ferr-p, Lach, Lyc, Merc, Phos

Tremor of: Merc

TEETH

PAIN:

Accompanied by:

Cough: Lyc, Sep

Respiratory complaints: Ars, Nat-m, Puls, Sep

THROAT

CHOKING: Lach

Cough during: Ars, Coc-c, Cocc, Kali-c, Lach, Tarent

CONSTRICTION:

Accompanied by:

Respiration difficult: Bell, Cham, Cocc, Dig, Dros, Hydr-ac, Lob, Mosch, Sabad

Cough during: Asaf, Asar, Verat

DRYNESS:

Cough agg: Bell, Calc-p, Cham, Puls, Rhus-t, Squil, Sulph, Thuj

HOARSE: Bry, Phos, Rhus-t, Seneg

INFLAMMATION:

Accompanied by:

Cough: Aco, Cham, Ip, Nux-v, Puls

IRRITATION: Bry

PAIN:

Cough during: Ambr, Arg-met, Ars, Arum-t, Bell, Bry, Calc, Caps, Carb-v, Caust, Chin, Coc-c, Hep, Iood, Kali-bi, Kali-c, Kali-n, Lach, Merc-i-r, Merc, Nat-m, Nit-ac, Nux-v, Phos, Ruta, Sep, Sil, spong, Sulph, Tarent

ROUGHNESS:

Cough during: Ars, Calc, Carb-an, Caust, Dros, Hep, Kali-c, Kali-n, Kali-s, Laur, Merc-c, Phos, Seneg, Sep, Spong, Sulph

SCRAPING: Ail, Alum, Ambr, Ant-t, Arg-n, Ars-i, Ars, Brom, Bry, Calc, Carb-an, carb-v, Caust, Chin, Coc-c, Croc, Hep, Hyos, Kali-bi, Kali-c, Kali-m, Kali-n, Lach, Lob, Med, Merc, Phyt, Seneg, Sep, Spong, Stict

Cough during: Alum, Bell, Bov, Calc-s, Croc

Swallowing agg: Bar-c, carb-an, Caust, Hep, Lach

SCRATCHING: Arg-met, Arg-nit, Arum-t, Bar-c, Bry, Hep, kali-bi, kali-c, Nit-ac, Nux-v, Phos, Plat, Puls, Seneg, Sep, Spong, Sulph
Cough during: Alum, Ambr, Bell, Bry, Hep, Laur

STOMACH

APPETITE:

Capricious: Ars, Bell, Bry, Hep, Ipec, Phos, Puls, Sang, Tub
Easy satiety: Ant-t, Ars, Bry, Lyc, Merc, Phos, Rhus-t, Sep, Sil, Sulph
Increased:
11 a.m.: Iod, Sulph
Night: Bry, Lyc, Phos, Puls, Sulph
Chill during: Ars, Phos, Sil,
Eating after: Acon, Calc, Lyc, Merc, Phos
Eating agg: Lyc
Fever during: Phos
Vanishing at sight of food: Phos, Sulph
Weakness with: Merc, Phos, Sulph
Insatiable: Iod, Lyc, Sep
Ravenous:
11 a.m.: Iod, Sulph
Night: Bry, Lyc, Phos, Sep, Sil, Sulph
Soon after eating: Acon, Calc, Iod, Lyc, Merc, Phos, Sulph
Without relish until he begins to eat: Lyc
Wanting at sight of food: Phos, Sulph
Thirst with: Ant-t, Ars, Calc, Phos, Rhus-t, Seneg, Sep, Sil, Sulph

AVERSION TO:

Butter: Ars, Carb-v, Merc, Phos, Puls, Sang
Fat and rich food: Ars, Bell, Bry, Calc, Carb-v, Hep, Merc, Phos, Puls, Rhus-t, Sang, Sep, Sulph
Food until he tastes it and then he is ravenous: Lyc
Meat: Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph, Tub
Smell of food: Ars, Ipec, Sep
Warm drinks: Phos, Puls
Warm food: Bell, Calc, Lyc, Merc, Phos, Puls, Sil

DESIRES:

Alcoholic drinks: Acon, Ant-t, Ars, Bry, Calc, Hep, Iod, Lyc, Merc, Phos, Puls, Sep, Sulph, Tub

Beer: Acon, Ars, Bell, Bry, Calc, Chel, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sulph

Bread and butter: Bell, Merc, Puls

Whiskey: Acon, Ars, Calc, Hep, Merc, Phos, Puls, Sulph

Wine: Acon, Ars, Bry, Calc, Chel, Hep, Merc, Phos, Puls, Sep, Sulph

Cold drinks: Acon, Ant-t, Ars, Bell, Bry, Calc, Chel, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sulph

Cold water: Acon, Lach, Merc, Rhus-t

Sips for: Ars, Bap, Carbo-v, Ferr-p

Large amounts: Bry

Cold sour drinks: Ferr-p, Phos

Delicacies: Calc, Ipec, Rhus-t, Sang, Tub

Highly seasoned food: Hep, Phos, Puls, Sang, Sep, Sulph

Highly tasting drinks: Hep

Hot drinks: Chel; Lyc

Ice cream: Calc, Phos, Tub

Indistinct, knows not what: Bry, Ipec, Puls, Sang, Sil

Lemonade: Bell, Calc, Puls

Milk: Ars, Bry, Calc, Chel, Merc, Rhus-t, Sil, Sulph

Raw food: Sil, Sulph

Salt things: Calc, Carb-v, Phos, Sulph, Tub

Smoked meat: Tub

Sour things: Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Phos, Puls, Rhus-t, Sep, Sulph

Sweets: Ars, Bry, Calc, Carb-v, Ipec, Lyc, Merc, Rhus-t, Sep, Sulph, Tub

Vinegar: Ars, Chel, Hep, Sep, Sulph

Warm drinks: Ars, Bell, Bry, Carb-v, Chel, Lyc, Sulph

Chill during: Ars

Warm food: Ars, Chel, Lyc, Sil

HICCOUGH AT THE HOUR WHEN THE FEVER OUGHT TO COME: Ars

NAUSEA: Verat-v**Coughing, from:** Lob; Ant-t**Cough, during:** Ant-t, Ars, Bry, Calc, Hep, Ipec, Merc, Puls, Sep**Deathly:** Ars, Ipec, Lob**Drinking, after:****agg:** Ant-t, Ars, Bry, Lyc, Phos, Puls, Rhus-t, Sil**amel:** Bry, Lob, Phos**Drinking, from:** Lyc**Drinking, milk:** Ant-t**Eating and drinking amel:** Lob**Fever, after:** Ars**Ice cream, after:** Ars, Ipec, Puls**Movement agg:** Lob**Odor from his own body, at:** Sulph**Putting hands in hot water, on:** Phos**Rising up in bed, on:** Ars, Bry, Phos, Sulph**Warm drinks:** Phos, Puls**Warm room:** Carb-v, Lyc, Phos, Puls, Sep**THIRST:****Intense:** Acon; Ars; Bell; Bry; Carbo-v; Chel; Ferr-p; Lach; Nat-s; Phos; Rhus-t; Sulph; Verat-v**Absent:** Ip**Variable:** Lyc**Noon:** Lyc, Phos**2 p.m.:** Puls**Night:** Sil**Chill, before:** Ars, Hep, Puls, Sep, Sulph**During:** Acon, Ars, Bry, Calc, Carb-v, Nat-s, Rhus-t, Sep, Sil, Sulph, Tub**After:** Ars, Hep, Nat-s, Puls, Sep, Sulph**Heat, during:** Acon, Ars, Bell, Bry, Calc, Hep, Ipec, Lyc, Phos, Puls, Rhus-t, Sep, Sil, Sulph, Tub**Large quantities:** Acon, Ars, Bry, Ferr-p, Phos, Sulph**Often:** Bry**At long intervals:** Bry**Sweat, during:** Acon, Ars, Bry, Calc, Iod, Ipec, Puls, Rhus-t, Sep

After: Ant-t, Bell, Lyc

Small quantities: Ant-t, Ars, Bell, Lyc, Phos, Rhus-t, Sulph

Often: Acon, Ant-t, Ars, Bell, Lyc, Puls, Rhus-t, Sulph

THIRSTLES: Ip

Heat, during: Ant-t, Calc, Carb-v, Ipec, Lyc, Puls, Rhus-t, Sep, Sulph

VOMITING: Ip

Cold water, large drinks, from: Bry

Cough, from: Ant-t

ABDOMEN

DISTENSION, FULLNESS AND FLATULENCE: Carbo-v, Kali-c

Drinking, from: Lyc

Eating, from: Lyc

RECTUM

FLATUS:

Coughing on: Graph, Lyc, Nux-v, Sang, Sulph, Tub

HEMORRHOIDS:

Cough agg: Caust, Ign, Kali-c, Lach

Painful cough during: Kali-c

PAIN:

Cough agg: Ign, Kali-c, Lach, Nit-ac, Puls, Tub

PROLAPSUS:

Cough during: Caust

STOOL INVOLUNTARY:

Coughing or sneezing on: Bell, Merc, Ph-ac, Phos, Spong, Squil, Sulph

BLADDER

URINATION INVOLUNTARY:

Cough during: Ant-c, Apis, Ars, Bac, Bell, Bry, Calc, Caps, Caust, Dros, Hyos, Ign, Kali-c, Lyc, Nat-m, Nux-v, Ph-ac, Puls, Sep, Spong, squil, Thuj, Verat, Zinc

Exertion agg: Bry, caust, Ph-ac, Tarent

Laughing agg: Caust, Nat-m, Nux-v, Puls, Sep, Squil, Zinc

Old people; in: All-c, Ars, Aur-m, Benz-ac, Caust, Cic, Hyos, Iod, Sec, Thuj

RESPIRATION

ABDOMINAL: Ant-t, Bry, Phos

ACCELERATED: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Tub, Verat-v

ANXIOUS: Acon, Ant-t, Ars, Bell, Bry, Calc, Chel, Hep, Ipec, Lob, Phos, Puls, Rhus-t

ARRESTED: Ars, Bell, Bry, Calc, Carb-v, Iod, Lyc, Merc, Nat-s, Phos, Puls, Sep, Sil, Sulph

Night: Lyc

Cough, during: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

ASPHYXIA: Ant-t, Carb-v, Rhus-t

CATCHING: Calc, Phos, Sil, Sulph

Night and during fever: Sil

DEEP: Desire to breathe: Acon, Bry, Calc, Carb-v, Lyc, Merc, Nat-s, Phos, Sang, Seneg, Sep, Sulph

Impossible: Ars, Bry, Lob, Sulph

DIFFICULT:

Evening: Acon, Ant-t, Ars, Bell, Carb-v, Ferr-p, Ipec, Lob, Merc, Phos, Puls, Rhus-t, Sep, Sulph

6 p.m.: Rhus-t

Night: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sulph, Tub

in bed: Ars

agg: Chel

Midnight: Acon, Ars, Calc, Puls, Rhus-t

after: Ars, Lyc

2 a.m.: Ars

3 a.m.: Ant-t

Air, cold: Ars, Lob, Lyc, Merc, Puls, Seneg, Sulph

Children: Calc, Lyc, Nat-s, Puls

Cough, during: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Rhus-t, Sep, Sil, Sulph

Dust, as from: Ars, Bell, Calc, Hep, Ipec, Phos, Sil, Sulph

Eating, after: Ars, Calc, Carb-v, Chel, Merc, Phos, Puls, Rhus-t, Sang, Sulph

Eructations amel: Carb-v

Exertion, after: Ars, Calc, Carb-v, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Sep, Sil, Sulph

Expectoration amel: Ant-t, Ipec, Sep

Fanned, desire to be: Ant-t, Carb-v, Sulph

Flatulence, from: Carb-v, Lyc, Nat-s, Sang

Lying, while: Acon, Ant-t, Ars, Calc, Carb-v, Ferr-p, Hep, Lob, Lyc, Merc, Phos, Puls, Sang, Seneg, Sep, Sil, Sulph, Tub

amel: Bry, Chel, Nat-s

on back: Ars, Iod, Lyc, Phos, Puls, Sil, Sulph

impossible: Ant-t, Ars, Hep, Lyc, Merc, Puls, Seneg, Sep, Sulph, Tub

Menses suppressed: Puls

Motion: Ars, Bry, Calc, Carb-v, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep

Mucus in trachea, from: Ant-t, Ars, Ipec

Open, wants doors and windows: Carb-v, Chel, Ipec, Nat-s, Puls, Sulph

Sulphur fumes, as if he had inhaled: Lyc, Puls, Sulph

Talking, after: Ars, Bry, Sil, Sulph

Turning in bed, on: Ars, Carb-v, Sulph

Warm room: Ant-t, Ars, Carb-v, Iod, Ipec, Lyc, Puls, Sulph, Tub

Wet weather: Nat-s

GASPING: Acon, Ant-t, Ars, Ipec, Lyc, Merc, Phos, Puls

HOT BREATH: Acon, Ars, Bell, Calc, Chel, Phos, Rhus-t, Sulph

IMPEDED:

Flatulence, by: Carb-v

Pain, by: Bry

INTERMITTENT, UNEQUAL: Ant-t, Bell

IRREGULAR: Ant-t, Ars, Bell, Iod, Merc, Phos, Puls, Sep, Verat-v

LOUD: Acon, Ant-t, Ars, Calc, Carb-v, Hep, Merc, Nat-s, Phos, Puls, Rhus-t, Seneg, Sulph

Sleep, during: Carb-v, Puls

PANTING: Acon, Ant-t, Ars, Bry, Ipec, Lyc, Phos, Sil, Verat-t

RATTLING: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Sang, Seneg, Sep, Sil, Sulph, Tub

Aged: Lyc, Seneg

ROUGH: Ant-t, Bry, Sep

Crowing: Bry

Sawing: Ant-t, Iod, Sang

SIGHING: Acon, Ars, Bell, Bry, Calc, Carb-v, Ipec, Lyc, Phos, Puls, Sang, Sil, Sulph, Verat-v

STERTOROUS: Acon, Ant-t, Ars, Bell, Lyc, Phos, Puls

Sleep, during: Puls

STRIDULOUS: Bell, Sang

Evening on falling asleep: Phos

WHEEZING: Ars, Calc, Carb-y, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Sang, Sep, Sulph

COUGH

DAYTIME ONLY: Calc, Hep, Lyc, Merc, Phos, Sep

MORNING: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Rising, after: Ars, Bry, Calc, Carb-v, Ferr-p, Nat-s, Phos, Sep, Sil, Sulph

Waking: Carb-v, Chel, Phos, Rhus-t, Sil, Sulph

EVENING: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Phos, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Verat-v

Bed, in: Acon, Ant-t, Ars, Bell, Calc, Carb-v, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Midnight, until: Bell, Carb-v, Hep, Merc, Phos, Puls, Rhus-t, Sep, Sulph

Sleep, going to: Hep, Lyc

NIGHT: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Waking from cough: Bell, Calc, Hep, Phos, Puls, Sang, Sep, Sil, Sulph

Midnight, before: Ant-t, Ars, Bell, Calc, Carb-v, Hep, Lyc, Phos, Puls, Rhus-t, Sep, Sulph

2 a.m.: Hep

ATMOSPHERE, Hot: Bry

Stuffy: Ip; Sulph

AIR:

Cold: Acon, Ars, Bry, Calc, Carb-v, Ferr-p, Hep, Ipec, Lyc, Nat-s, Phos, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Verat-v

Draught of cold air, agg: Kali-c; Hep; Phos; Rhus-t; Seneg

Dry: Acon, Hep, Phos

Open: Acon, Ars, Bry, Calc, Carb-v, Ferr-p, Hep, Ipec, Lyc, Phos, Rhus-t, Sang, Seneg, Sil, Sulph

amel: Bry, Chel, Iod, Nat-s, Puls, Sulph

Current of air, amel: Bry; Ip

BARKING: Acon, Ant-t, Bell, Hep, Lyc, Merc, Phos, Sulph
Loud: Acon, Lyc

BATHING agg: Ars, Calc, Rhus-t, Sep, Sulph

BED, ON BECOMING WARM IN agg OR EXCITES: Ant-t, Merc, Puls

BREATHING DEEPLY: Acon, Ars, Bell, Bry, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

CHILL:

Before: Rhus-t, Tub

During: Acon, Ars, Bell, Bry, Calc, Carb-v, Hep, Ipec, Lyc, Phos, Puls, Rhus-t, Sep, Sil, Sulph, Tub

CHOKING: Ars, Carb-v, Hep, Iod, Ipec, Lyc, Merc, Sep, Sulph

CLOSING EYES AT NIGHT EXCITES COUGH: Hep

COLD:

Becoming: Ars, Bry, Calc, Carb-v, Hep, Phos, Rhus-t, Sang, Sil, Sulph, Tub

Arm or hand: Ars, Calc, Hep, Rhus-t, Sil, Sulph

Feet: Sil, Sulph

Single part: Hep, Rhus-t, Sil

Drinks: Ars, Calc, Carb-v, Hep, Lyc, Merc, Phos, Rhus-t, Sil, Tub

CONSTANT: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep. (see INCESSANT.)

Evening: Acon, Puls

Night: Lyc Sep

Lying down: Sep

Waking: Sep

Lying agg, sitting up amel: Puls, Rhus-t, Sang, Sep

CONSTRICTION OF LARYNX: Ant-t, Ars, Bell, Calc, Hep, Iod, Ipec, Lob, Phos, Puls, Sil, Sulph

CRAWLING SENSE IN THROAT-PIT CAUSES: Sang

CROUPY: Acon, Ant-t, Ars, Bell, Hep, Iod, Ipec, Phos, Sang

DRINKING, After: Acon, Ant-t, Ars, Bry, Calc, Carb-v, Hep, Lyc, Phos, Rhus-t, Sil

DRINKING TOO MUCH COLD WATER: Rhus-t

DRY: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Tub, Verat-v

Morning: Ant-t, Bry, Carb-v, Hep, Iod, Lyc, Nat-s, Rhus-t, Sang, Sep, Sil, Sulph

Evening: Ars, Bell, Bry, Calc, Carb-v, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sulph

Loose in mornings: Acon, Ant-t, Bry, Calc, Carb-v, Hep, Ipec, Lyc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Lying down: Bell, Carb-v, Puls, Sang, Sep, Sulph

Night: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Sil, Sulph

Loose by day: Acon, Ars, Bry, Calc, Hep, Lyc, Merc, Phos, Puls, Sil, Sulph

Lying agg: Puls, Sulph

Midnight before: Calc, Lyc, Phos, Rhus-t

Sitting up amel: Puls, Sang

Waking from sleep: Puls, Sil, Sulph

Chill, before: Rhus-t, Tub

Expectoration morning only: Bell, Bry, Calc, Carb-v, Hep, Lyc, Phos, Puls, Sep, Sil

Fever, during: Acon, Ars, Bell, Bry, Calc, Carb-v, Hep, Ipec, Lyc, Phos, Puls, Rhus-t, Sep, Sulph

Lying: Ipec, Lyc, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

On left side agg: Acon, Bry, Phos, Puls

Reading aloud: Phos

Scraping in larynx, from: Bell, Bry, Chel, Puls, Seneg

Sitting up and passing flatus up and down amel: Sang

Stomach, as if from: Bry, Sep

Tickling in larynx, from: Bell, Iod, Ipec, Lyc, Nat-s, Puls, Sang, Seneg, Sep

Waking, on: Bry, Calc, Puls, Sang, Sil, Sulph

DIFFICULT: Lach

DRY: Acon, Bell, Kali-c, Lob, Merc

DRYNESS IN LARYNX, FROM: Ant-t, Bell, Bry, Calc, Ipec, Puls, Rhus-t, Sang, Seneg, Sulph, Verat-v

DRYNESS OF THROAT agg: Acon

DUST, AS FROM: Ars, Bell, Calc, Chel, Hep, Iod, Ipec, Lyc, Puls, Sulph

DYSPNOEA, with: Hep

ERUCTATIONS amel: Sang

EXERTION, FROM: Bry, Iod, Ipec, Lyc, Merc, Phos, Puls, Sil, Sulph

EXHAUSTING: Ant-t, Ars, Bell, Carb-v, Chel, Ferr-p, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Night: Puls

Disturbing sleep: Puls

FEVER, DURING: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Ipec, Lyc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Tub

FLATUS, PASSING amel: Sang

FOREIGN BODY, AS OF A, LARYNX: Bell, Hep, Lob, Phos, Sil

Trachea: Sang

HACKING: Acon, Ant-t, Ars, Bry, Calc, Carb-v, Ferr-p, Hep, Ipec, Lyc, Merc, Phos, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Tub, Verat-v

Afternoon: Sang

Evening: Bry, Phos, Rhus-t, Sang, Sep, Sil, Sulph

in bed: Bry, Rhus-t, Sep, Sulph

after lying down: Rhus-t, Sang, Sep, Sil

Dinner, after: Hep

Dryness in larynx, from: Puls, Sang, Seneg

Lying down, while: Ars, Bry, Phos, Rhus-t, Sang, Sep, Sil, Sulph
Tickling in larynx, from: Acon, Ars, Bry, Calc, Carb-v, Ipec, Lyc, Phos, Rhus-t, Sang, Seneg, Sep, Sil

HOARSE: Acon, Ant-t, Bell, Calc, Carb-v, Hep, Lyc, Merc, Rhus-t, Sil
Evening until midnight: Hep

HOLD CHEST WITH HANDS, MUST: Bry, Merc, Nat-s, Phos, Sep
Sitting up and holding chest: Nat-s
Sitting up with head well tilted back: Hep

HOLLOW: Acon, Ant-t, Bell, Bry, Carb-v, Chel, Hep, Ipec, Merc, Phos, Sil

IRRITATION:

Air passages: Acon, Ant-t, Calc, Carb-v, Ferr-p, Iod, Lob, Lyc, Nat-s, Phos, Sep, Sulph

Chest: Ars, Bell, Calc, Carb-v, Ferr-p, Merc, Phos, Puls, Rhus-t, Sang, Sep

Epigastrium: Bell, Bry, Hep, Merc, Puls, Sep

Larynx: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Throat-pit: Bell, Iod, Sang, Sil

Trachea: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

IRRITATION POSTERIOR TO STERNUM agg: Ferr-p; Rhus-t

INCESSANT (see TORMENTING.): Acon, Ferr-p, Phos, Rhus-t, Seneg, Sulph

LOOSE: Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Lyc, Merc, Nat-s, Phos, Puls, Seneg, Sep, Sil, Sulph, Verat-v

Morning: Ars, Bry, Calc, Carb-v, Chel, Hep, Nat-s, Phos, Puls, Sep, Sil, Sulph

Fever, during: Ars, Bell, Bry, Calc, Carb-v, Iod, Lyc, Phos, Puls, Seneg, Sep, Sil, Sulph

LYING agg: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Evening: Bell, Bry, Puls, Sang, Seneg, Sep, Sil, Sulph

Must sit up: Ars, Puls, Sang, Sep

Night: Ars, Bell, Lyc, Nat-s, Puls, Rhus-t, Sang, Sep, Sil, Sulph

Bed agg: Ant-t, Ars, Bry, Calc, Ferr-p, Hep, Iod, Ipec, Lyc, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

Right side: Ipec, Lyc, Merc, Phos, Sil, Tub

MOVEMENT OF ANY KIND agg: Bell

PUTTING HAND OUT OF BLANKET agg: Hep

MUCUS IN CHEST, FROM: Puls, Sep, Sulph

OVERPOWERING, AS IF LARYNX WERE TICKLED BY A FEATHER, EVENING BEFORE SLEEP: Lyc

PAINFUL: Ant-t, Bry, Ferr-p, Merc, Nat-s, Rhus-t

PAIN

Burning, raw: Phos

Cutting: Acon

Stabbing: Bry

Tearing: Bell

PAROXYSMAL: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Sang, Seneg, Sep, Sil, Sulph

Night: Ant-t, Bell, Bry, Calc, Carb-v, Chel, Hep, Ipec, Lyc, Merc, Phos, Puls, Sang, Sil, Sulph

PERSISTENT: Acon, Bell, Ipec, Lyc, Merc, Sang

RACKING: Ars, Bell, Bry, Calc, Carb-v, Chel, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Night: Bell, Merc

Sitting up amel: Puls

RATTLING: Ant-t, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Sang, Sep, Sil, Sulph, Verat-v

RAWNESS IN LARYNX EXCITES: Sang, Sil, Sulph

READING ALOUD, agg: Phos, Tub

Evening: Phos

SCRAPING IN LARYNX, FROM: Bell, Bry, Carb-v, Chel, Hep, Puls, Seneg, Sil

SHORT: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sulph, Verat-v

SIT UP, MUST: Ant-t, Ars, Bry, Hep, Iod, Nat-s, Phos, Puls, Sang, Seneg, Sep

SLEEP:

After: Carbo-v, Hep, Lach, Sulph

Before: Lyc, Merc, Sulph

Disturbing: Phos, Rhus-t, Sang, Sulph

Going to, on: Carb-v, Hep, Lyc, Merc, Phos, Sep, Sulph

Preventing: Carb-v, Lyc, Phos, Puls, Rhus-t, Sang, Sep

Wakens from: Acon, Ars, Bell, Calc, Hep, Merc, Phos, Rhus-t, Sang, Sep, Sil, Sulph

SPASMODIC: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph, Verat-v

Afternoon: Bell, Bry

Evening: Bell, Bry, Calc, Carb-v, Ipec, Merc, Phos, Puls, Rhus-t, Sep, Sil, Verat-v

Night: Bell, Bry, Calc, Hep, Ipec, Lyc, Merc, Phos, Puls, Sang, Sil, Sulph

STOMACH, SEEMS TO COME FROM: Ant-t, Bell, Bry, Merc, Puls, Sep

SUFFOCATIVE: Acon, Ant-t, Ars, Bell, Bry, Carb-v, Chel, Hep, Iod, Ipec, Kali-c Lyc, Merc, Puls, Sep, Sil, Sulph, Tub

7 p.m.: Ipec

Night: Ars, Bell, Bry, Carb-v, Hep, Ipec, Lyc, Sil

Child becomes stiff and blue in face: Ipec

Sulphur fumes, as from, agg: Ipec, Lyc, Puls

TICKLING: Acon, Ant-t, Ars, Bell, Bry, Calc, Garb-v, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Air, open: Phos

Chest: Bry, Iod, Merc, Phos, Rhus-t, Sep, Sulph, Verat-v

Larynx: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Throat-pit: Bell, Iod, Puls, Sang, Sil

Trachea: Acon, Ant-t, Ars, Bell, Bry, Calc, Iod, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

TIGHT: Merc, Phos, Puls, Sulph

TORMENTING: Ars, Bell, Calc, Carb-v, Chel, Ferr-p, Hep, Ipec, Lob, Merc, Phos, Rhus-t, Sang, Sep, Sulph (see INCESSANT)

UNCOVERING: agg: Ars, Chel, Hep, Rhus-t, Sil

Feet or head: Sil

Hands: Hep, Rhus-t, Sil

VIOLENT: Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Evening after lying: Sep.

WARM FLUIDS amel: Ars, Bry, Lyc, Rhus-t, Sil

Room causes: Acon, Ars, Bry, Iod, Ipec, Lyc, Phos, Puls, Seneg, Sulph, Tub

WIND agg: Acon, Hep, Lyc, Sep

Cold: Hep, Lyc

Dry: Acon, Hep

East: Acon, Hep, Sep

North: Acon, Hep, Sep,

West: Hep

EXPECTORATION

DAYTIME: Acon, Ant-t, Ars, Bell, Bry, Calc, Ferr-p, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sil, Sulph

MORNING: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Ipec, Lyc, Nat-s, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Rising: Phos, Puls

NIGHT: Ars, Calc, Carb-v, Hep, Lyc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

BLOODY: Acon, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

Acrid: Ars, Carb-v, Hep, Rhus-t, Sil, Sulph

Bright red: Acon, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Ipec, Merc, Phos, Puls, Rhus-t, Sep, Sil

Brown: Bry, Calc, Carb-v, Puls, Rhus-t, Sil

Streaked: Acon, Ars, Bry, Calc, Chel, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Sang, Seneg, Sep, Sil

COPIOUS: Ant-t, Ars, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Lob, Lyc, Phos, Puls, Seneg, Sep, Sil, Sulph

DIFFICULT: Ars, Bry, Calc, Chel, Ferr-p, Hep, Ipec, Iod, Lob, Lyc, Phos, Puls, Seneg, Sep, Sulph

FROTHY: Acon, Ant-t, Ars, Calc, Ferr-p, Hep, Phos, Puls, Sil, Sulph

GRAYISH: Ars, Calc, Chel, Iod, Lyc, Phos, Rhus-t, Seneg, Sep

GREENISH: Ars, Bry, Calc, Carb-v, Ferr-p, Iod, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph, Tub.

LUMPY: Acon, Ars, Bry, Carb-v, Chel, Hep, Lyc, Phos, Puls, Sil, Sulph

MUCUS: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil,

Sulph

Morning: Ant-t, Bell, Calc, Chel, Ipec, Lyc, Phos, Puls, Sil, Sulph

Bloody: Acon, Ant-t, Ars, Bell, Bry, Calc, Hep, Iod, Ipec, Lyc, Merc, Phos, Sil

ODOR OFFENSIVE: Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Lyc, Merc, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

PURULENT: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

RUSTY: Acon, Ars, Bry, Lyc, Phos, Rhus-t, Sang

SCANTY: Acon, Ars, Ferr-p, Lyc, Phos, Puls, Sang, Sep, Sil

TASTE:

Bitter: Acon, Ars, Bry, Calc, Lyc, Merc, Puls, Sep, Sulph

Catarrh, as of an old: Bell, Phos, Puls, Sulph

Greasy: Lyc, Phos, Puls, Rhus-t, Sil

Nauseous: Ars; Bry, Calc, Iod, Ipec, Merc, Phos, Puls, Sep, Sil, Sulph

Salty: Acon, Ant-t, Ars, Bell, Calc, Carb-v, Iod, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Sour: Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sulph

Sweetish: Acon, Ant-t, Ars, Calc, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sulph

THICK: Acon, Ant-t, Ars, Bry, Calc, Ferr-p, Hep, Ipec, Lyc, Phos, Puls, Sang, Seneg, Sep, Sil, Sulph, Tub

TOUGH: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Iod, Phos, Puls, Sang, Seneg, Sep, Sil

TRANSPARENT: Ant-t, Ars, Bry, Phos, Puls, Seneg, Sil, Sulph

VISCID: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

WHITE: Acon, Ant-t, Ars, Calc, Carb-v, Ferr-p, Iod, Ipec, Lyc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Albuminous: Ant-t, Ars, Bry, Ipec, Nat-s, Phos, Seneg, Sil, Sulph

YELLOW: Acon, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Sang, Seneg, Sep, Sil, Sulph, Tub

Morning: Calc, Lyc, Phos, Puls, Sil

CHEST

AREA AFFECTED:

Left: Bell, Bry, Kali-c, Nat-s, Sulph

Apex: Acon, Lach

Lower lobe: Kali-c, Nat-s

Right: Bell, Bry, Chel, Ferr-p, Kali-c, Lyc, Merc, Seneg, Sulph

Lower lobe: Kali-c, Merc

Either: Ant-t

ABSCCESS, LUNGS: Calc, Hep, Lyc, Merc, Phos, Puls, Sep, Sil, Sulph, Tub

ANXIETY, in: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sulph

Evening: Chel, Phos, Puls, Seneg

Night: Ars, Lyc, Puls, Sulph

Excitement agg: Phos

Lying on left side, while: Puls

Region of heart: Acon, Ant-t, Ars, Bell, Calc, Carb-v, Chel, Ferr-p, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Night: Ars, Calc, Lyc, Rhus-t

ATELECTASIS: Ant-t

BREATHING:

Difficult: Lach, Lyc, Phos, Rhus-t, Seneg

Heaving chest: Phos

Panting and moaning: Ant-t

Panting and moaning, and short, pain, because of: Bry; Lyc

Rapid and very shallow:

Lungs, gen: Seneg

COLDNESS: Ars, Bry, Lyc, Rhus-t, Sep, Sulph

Internal: Ars, Sulph

CONGESTION: Acon, Bell, Bry, Calc, Carb-v, Ferr-p, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph, Verat-v

Heart: Acon, Puls, Sulph

CONSTRICTION, TENSION, TIGHTNESS: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Band, as from after: Acon, Ars, Bry, Lob, Lyc, Phos, Sil

Convulsive: Bell

Cough, during: Calc, Lyc, Merc, Phos, Puls, Sulph

Sternum on coughing: Phos

Heart: Ars, Calc, Ferr-p, Iod, Lyc, Phos, Rhus-t

Grasped, as if: Iod, Rhus-t

CONSOLIDATION:

36 hours after: Acon

3rd day onwards: Ferr-p

EMPHYSEMA: Ant-t, Ars, Bell, Carb-v, Hep, Ipec, Lob, Merc, Phos, Seneg, Sep, Sulph

EMPYEMA: Ars, Calc, Carb-v, Hep, Iod, Lyc, Merc, Phos, Sep, Sil, Sulph

FULLNESS: Acon, Ars, Bry, Calc, Ferr-p, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Sep, Sulph

Evening: Carb-v, Puls, Sulph

Menses, before: Sulph

Heart: Acon, Puls, Sep, Sulph

Evening: Puls

GANGRENE, LUNGS: Ars, Carb-v, Phos

HEMORRHAGE: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

Coagulated: Acon, Bell, Bry, Ipec, Merc, Puls, Rhus-t, Sep

HEAT: Acon, Ant-t, Ars, Bell, Bry, Calc, Ferr-p, Hep, Iod, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Flushes: Phos, Seneg, Sep, Sulph

Heart, in region of: Ars, Carb-v, Lyc, Phos, Sep, Sil, Sulph

Rising to face: Sulph

HEPATIZATION, LUNGS: Ant-t, Chel, Iod, Lob, Lyc, Merc, Phos, Sang, Sulph, Tub

Right: Phos

Upper half: Chel

Left: Lyc, Phos, Sulph

Lying on right side amel, on left agg: Phos

OEDEMA:

Chest wall, over affected area: Lob

OPPRESSION: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Tub, Verat-v

Morning: Ars, Bry, Carb-v, Chel, Ipec, Lyc, Nat-s, Phos, Puls, Sep, Sulph

Evening: Ars, Bry, Phos, Puls, Seneg, Sep, Sulph

Clothing, agg: Ars, Chel, Phos, Sep

Cough, during: Ars, Phos, Seneg, Sil, Sulph

Drawing shoulders back amel: Calc

Eructations amel: Carb-v, Lyc, Phos

Open air amel: Chel, Puls, Sep

Stormy weather in: Ars

Weather changes to cold: Ars

Heart: Acon, Ant-t, Ars, Bell, Bry, Carb-v, Iod, Ipec, Merc, Nat-s, Phos, Puls

Evening: Puls

Sitting: Nat-s

PAIN: Ars, Bell, Bry, Phos, Seneg

Aching: Bry

Burning: Ars, Carb-v

Cough during, and if dry: Iod

Extending to face: Sulph

Sides:

Right: Bry

Left: Phos

Clawing: Seneg

Cutting: Chill, after: Acon

Inspiration and motion, during: Bry

Heart: Ars, Sulph

Cough, during: Bell, Bry, Carb-v, Lyc, Phos, Puls, Seneg, Sulph

Heart in: Acon, Ars, Puls, Rhus-t

Evening: Puls

Extending to back: Sulph

Inspiration, during: Acon, Bry, Calc

Lower lobe in: Puls

Left: Phos

While lying on left side: Phos

Lungs in: Phos

Left and lower left: Phos

Above left nipple: Sulph

Apex, of right: Ars

Sides in: Lyc, Sulph

Right: Bell, Chel

Apex of right lung: Ars

Left: Phos

Side in at 4 p.m.: Lyc

Cough during: Bry, Merc, Sulph

Inspiration during: Bry, Chel

Sternum and behind on coughing: Bry

Behind: Sang

Laughing: Bry

Lying on left side: Phos

Motion on: Bry, Chel

Respiration and deep, during: Bry

Lying on painful side, while: Bell

Motion agg: Bell, Bry, Calc

Night: Ars

Oppressed: Ant-t, Ars, Bapt, carb-v, Lob, Lyc, Puls, Pyrog, Seneg, Sulph

Pleuritic: Bell, Bry, Ferr-p

Pneumonia after: Lyc, Phos, Sulph

Pressure amel: Bry

Respiration, during, and if deep: Bry

Rising, up in bed, on: Phos

Sneezing on: Bry

Stitches, with cough: Kali-c, Sulph

Amel: Bry

Sound side on: Puls

Left side on: Phos

Right side on: Merc

Warmth amel: Phos

Pressing: Seneg, Sulph

Cough, during: Bry

Diaphragm: Ipec

Sternum: Ars, Phos

Heart: Ars

Evening: Puls

Rawness: Lyc, Phos

Cold air: Phos

Sore, bruised: Bry, Calc, Chel, Hep, Phos, Puls, Seneg

Coughing, from: Bry, Carb-v, Phos, Seneg

Hold chest with hands: Bry

Inspiring, on: Bry

Sitting upright amel: Bry

Below Clavicle: Puls

Sides: Right: Chel

Under Sternum on coughing: Bry

Sticking in short ribs: Sep

Stitching: Acon, Bry, Calc, Phos, Seneg, Sulph

Chill, during: Bry

Coughing: Bell, Bry, Iod, Merc

Fever, during: Bry

Inspiring: Acon, Bry

Lying on left side: Phos

Lying on painful side amel: Bry

Motion

agg: Bry

amel: Rhus-t

Pressure amel: Bry

Respiration, during, and if deep: Bry

Sneezing agg: Merc

Wandering: Puls

Extending to back: Sulph

Anterior part and on coughing: Merc

Under right Clavicle: Ars

Clavicle to scapula: Sulph

Sides: Bry

Right: Ars, Bry, Chel

Apex: Ars

Respiration, during: Bry

Scapula; to: Sulph

Left: Phos, Seneg, Sulph

Inspiration on: Sulph

Lying on right side amel: Phos

Extending to back and scapula: Sulph

Sides in:

Night: Lyc

Coughing on: Bry, Merc

Inspiration during: Bry, Sulph

Lying on painful side amel: Bry

Motion during: Bry

Lower right: Chel

Motion agg: Bry

Sternum: Ars

Cough during: Bry

Heart: Bry, Sulph

Extending to left scapula: Sulph

PARALYSIS, LUNGS: Ant-t, Ars, Calc, Carb-v, Iod, Lyc, Phos

Old people: Ant-t, Ars, Carb-v, Lyc, Phos

PNEUMONIA: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Tub, Verat-v

Right: Bell, Bry, Chel, Lyc, Merc, Phos, Sang

Lower lobe: Merc, Phos

Upper lobe: Calc, Chel

Left: Acon, Calc, Nat-s, Phos, Sang, Sulph

Lower lobe: Chel, Nat-s, Sulph

Upper lobe: Acon

PULSATION: Bell, Calc, Chel, Lyc, Merc, Phos, Puls, Seneg, Sep, Sil, Sulph

Night: Puls

Sleep interrupting: Puls

Waking on: Sulph

POSITION AGGRAVATED BY:

Motion: Bry; Chel; Ferr-p; Kali-c

Lying down (suffocating): Bap

Lying on affected side: Acon; Bell; Hep; Puls

Pressure: Lach

POSITION AMELIORATED BY:

Lying on affected side: Bry

Motion: Seneg

Propped up, on back: Acon

Propped up, on back, with arms raised from side: Puls

Propped up, with arms raised above head: Puls

Propped up, with no constriction: Ant-t

Propped up, neck or chest, with no constriction: Carbo-v

Propped up, with head back, and chin up: Phos

Propped up, firmly: Bry

Sitting up and leaning forward: Chel; Kali-c

Sitting up with elbows on knees: Kali-c

SHOCKS: Ant-t, Calc, Hep, Lyc, Rhus-t, Sep, Sulph
Cough, during: Lyc, Seneg

ULCERS ON LUNGS: Calc, Carb-v, Lyc, Phos, Puls, Sep, Sil, Sulph, Tub

WARM SENSE: Sulph

WATER: Sense of: Hot, in: Acon, Hep
Boiling, poured into: Acon

WEAKNESS: Acon, Ant-t, Ars, Calc, Carb-v, Hep, Iod, Nat-s, Phos, Rhus-t, Seneg, Sil, Sulph
From loud talking: Calc, Sulph
On waking: Carb-v

HEART

FAILING HEART: Ant-t; Carbo-v
Early, with pulmonary oedema: Seneg

FIBRILLATING: Ars

PALPITATION: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Verat-v

Daytime: Acon, Iod, Rhus-t

Morning: Chel, Lyc, Phos, Rhus-t, Sulph

Evening: Carb-v, Chel, Hep, Lyc, Phos, Sep, Sil, Sulph

Bed; in: Calc, Lyc, Phos, Sep, Sulph

Night: Ars, Calc, Ferr-p, Iod, Lyc, Merc, Phos, Puls, Sep, Sil, Sulph

Bed; in: Iod, Puls, Rhus-t, Sulph

3 a.m.: Ars

Anxiety: Acon, Ant-t, Ars, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sulph

Digestion, during: Lyc, Sep

Eating, after: Acon, Calc, Carb-v, Hep, Lyc, Merc, Phos, Puls, Sep, Sil, Sulph

Excitement, after: Ars, Bell, Calc, Phos, Puls, Seneg, Sep

Exertion: Ars, Calc, Carb-v, Ferr-p, Iod, Merc, Phos, Puls, Rhus-t, Sil, Sulph

Fever, during: Acon, Ars, Calc, Merc, Phos, Puls, Sep, Sulph

Fright, after: Acon, Puls

Irregular: Ars, Chel, Merc

Lying: Chel, Lyc, Puls, Rhus-t, Sulph

Right side: amel: Phos

Left side, from: Bry, Lyc, Phos, Puls, Sep

Motion: Acon, Bell, Calc, Carb-v, Ferr-p, Iod, Merc, Phos, Sil, Sulph

Arms; of: Acon, Bry, Chel, Puls, Rhus-t, Seneg, Sulph

Least: Carb-v, Merc, Phos

Rising from bed: Ars, Phos

Seat; or: Phos

Falling asleep: Calc, Carb-v, Phos, Sil, Sulph

Stool, after: Ars

Supper, after: Lyc, Puls

Turning in bed: Lyc, Phos, Sulph

Waking: Acon, Ars, Calc, Hep, Phos, Rhus-t, Sep, Sil

BACK

PAIN:

Cough during: Acon, Am-c, Bell, Bry, Calc, Caps, Carb-v, Chin, Kali-bi, Kali-c, Kali-n, Merc, Nit-ac, Phos, Puls, Sep

Cervical: Bell, Caps, Sulph

Dorsal: Calc, Kali-bi, Merc, Sil

Lumbar: Arn, Bell, Calc, Calc-s, Kali-bi, Kali-n, Merc, Puls, Rhus-t

Sacral: Bry, Chel, Merc, Nit-ac, Sulph, tell

EXTREMITIES

COLDNESS: Acon; Carbo-v; Lach

Icy sweat: Carbo-v

Legs, feet and hands: Lach

DISCOLORATION:

Cyanosis: Ant-t; Carbo-v; Seneg
Dusky: Bry

HEAT:

Feet, putting them out of bed amel: Sulph
Knees downwards: Nat-s

PICKING (Bedclothes and hands): Kali-c

TREMBLING:

Hands: Ant-t; Merc; Phos

TWITCHING:

Hands and fingers: Kali-c

SLEEP

AGGRAVATION, AFTER: Carbo-v; Hep; Lach; Sulph

EYES, HALF OPEN, with: Lyc

COMATOSE: Acon, Ant-t, Ars, Bell, Bry, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sulph

DEEP: Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sulph

DISTURBED: Acon, Ars, Bell, Merc, P'Is, Sep, Sulph

DIE; Sensation, of going to, after: Sulph

DREAMS:

Accidents: Ars, Bell, Iod, Lyc, Nat-s, Puls, Sulph

Anxious: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang; Sep, Sil, Sulph

Business: Bell, Bry, Calc, Carb-v, Chel, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Sil

Busy: Bell, Bry, Lyc, Phos, Sang, Sep

Confused: Acon, Ant-t, Bry, Calc, Chel, Ferr-p, Iod, Lyc, Phos, Puls, Sep, Sil, Sulph

Dead, of the: Ars, Bry, Calc, Iod, Lyc, Phos, Sil, Sulph

Difficulties: Ant-t, Ars, Phos, Rhus-t

Events, previous: Acon, Ant-t, Bry, Chel, Phos, Rhus-t, Sang, Sep, Sil, Sulph

Previous day of: Acon, Bry, Chel, Lyc, Merc, Puls, Rhus-t, Sep, Sil

Long past: Sil

Falling, of: Acon, Bell, Calc, Chel, Ferr-p, Hep, Merc, Nat-s, Puls, Sang, Sep, Sulph

Fire: Ant-t, Ars, Bell, Calc, Carb-v, Hep, Merc, Nat-s, Phos, Rhus-t, Sil, Sulph

Frightful: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph, Verat-v

Misfortune: Ars, Bell, Lyc, Merc, Phos, Puls, Rhus-t, Sulph

Nightmare: Acon, Ant-t, Ars, Bell, Bry, Calc, Chel, Ferr-p, Hep, Iod, Lyc, Merc, Phos, Puls, Rhus-t, Sil, Sulph

Lying on back: Sulph

Roaming over fields: Rhus-t

Unpleasant: Ant-t, Bry, Calc, Iod, Merc, Sang, Sep, Sulph

Vexatious: Ars, Bry, Calc, Hep, Lyc, Nat-s, Phos, Rhus-t, Sep, Sil, Sulph

Vivid: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph, Verat-v

FALLING ASLEEP DURING LEAST MENTAL EXERTION: Ars, Nat-s

SWEAT, DURING: Ars, Bell, Chel, Lob, Phos, Puls, Rhus-t

POSITION:

Arms over head: Calc, Puls, Sulph

Arms on abdomen: Puls

Back on: Acon, Ant-t, Ars, Bry, Calc, Hep, Lyc, Phos, Puls, Rhus-t, Sulph

Right side on: Phos

left side impossible: Lyc, Phos

RESTLESS: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Midnight, after: Bry, Lyc, Rhus-t, Sep, Sulph

3 a.m.: Ars, Sulph

SEMI-CONSCIOUS: Bell, Bry, Calc

SLEEPINESS: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Tub, Verat-v

Morning: Calc, Hep, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Afternoon: Acon, Ars, Bry, Carb-v, Chel, Lyc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Evening: Ant-t, Ars, Bell, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Lyc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Cough, during: Ant-t, Ipec

Dinner, after: Acon, Ant-t, Calc, Carb-v, Chel, Lyc, Nat-s, Phos, Rhus-t, Sil, Sulph

Eating, after: Acon, Bry, Calc, Carb-v, Chel, Lyc, Phos, Rhus-t, Sil, Sulph

Heat, during: Calc, Chel, Hep, Lyc, Phos, Puls, Rhus-t, Verat-v

Mental exertion: Ars, Nat-s

Overpowering afternoon: Puls

Supper, after: Calc, Carb-v

Vomiting, after: Bell, Ipec

SLEEPLESSNESS: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

Evening: Bry, Calc, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Sulph

Heat: Calc, Puls, Rhus-t

Midnight:

Before: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

After: Acon, Ars, Bell, Bry, Hep, Iod, Lyc, Puls, Rhus-t, Sep, Sil

After 3 a.m.: Ars, Calc, Rhus-t, Sep, Sulph

After 4 a.m.: Phos, Sep, Sulph

5 a.m.: Sulph

Anxiety, from: Ars, Bell, Bry, Merc, Rhus-t, Sulph

After mental exertion: Ars, Lyc

From shocks: Ars, Bell, Ipec, Phos

Though sleepy: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Thoughts, activity of mind: Ant-t, Ars, Bell, Bry, Calc, Hep, Lyc, Puls, Sep, Sil, Sulph, Tub

Same ideas always repeated: Calc, Puls

Twitching of limbs: Ars, Bell, Calc, Puls, Rhus-t, Sep

After waking: Ars, Bell, Calc, Carb-v, Ferr-p, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

From weariness: Ars

UNREFRESHING: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Lyc, Phos, Puls, Sep, Sil, Sulph

WAKING:

3 a.m.: Ars, Sep, Sulph

5 a.m.: urging to stool: Sulph

From cold limbs: Carb-v

From cough: Ars, Calc, Hep; Puls, Rhus-t, Sep, Sil, Sulph

From dreams: Bell, Bry, Hep, Lyc, Merc, Phos, Puls, Sil, Sulph

Frequent: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

After midnight: Sep, Sil, Sulph

As from fright: Bell, Chel, Lyc, Merc, Puls, Sang, Sep, Sulph

From heat: Ars, Calc, Phos, Sep, Sil, Sulph

From hunger: Lyc

YAWNING: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

After cough: Ant-t, Ipec

Frequent: Acon, Ant-t, Bry, Chel, Lyc, Merc, Nat-s, Rhus-t, Sulph

Before menses: Puls

Not sleepy: Acon, Ant-t, Bry, Hep, Phos, Rhus-t, Sep, Sulph

Spasmodic: Acon, Ant-t, Bry, Calc, Hep, Rhus-t, Sep, Sulph

CHILL

MORNING: Acon, Ars, Bell, Bry, Calc, Carb-v, Hep, Lyc, Merc, Nat-s, Phos, Sep, Sil, Sulph

In bed: Lyc, Merc, Sulph

FORENOON: Ant-t, Ars, Calc, Lyc, Phos, Sil, Sulph

NOON: Ars, Bry, Chel, Lob, Lyc, Merc, Phos, Puls, Sil, Sulph, Tub

AFTERNOON: Acon, Ant-t, Ars, Bry, Chel, Ferr-p, Ipec, Lyc, Phos, Puls, Rhus-t, Sil, Sulph

Following heat: Puls

Evening: Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph

After lying down: Acon, Bry, Lyc, Merc, Phos, Puls

During pain: Puls

7 p.m. agg by eating and drinking: Rhus-t

NIGHT: Acon, Ars, Bell, Bry, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

MIDNIGHT: BEFORE: Merc, Sil, Sulph

AIR, LEAST DRAFT: Bell, Bry, Calc, Hep, Merc, Sil, Sulph

ANGER, AFTER: Acon, Ars, Bry

ANTICIPATING: Ant-t, Ars, Bell, Bry, Sep

ASCENDING: Acon, Ars, Calc, Phos, Puls, Sep, Sulph

BED, IN: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

Amel: Bry, Puls, Rhus-t, Sulph

Putting hands out of: Hep, Phos, Rhus-t, Sil

Rising from agg: Calc, Merc, Phos, Rhus-t, Sil

Amel: Ant-t, Ars, Bell, Iod, Lyc, Merc, Puls, Rhus-t, Sep, Sulph

Turning over in: Acon, Bry, Hep, Lyc, Puls, Sil, Sulph

BEGINNING IN:

Finger tips: Bry, Puls
and toes: Bry, Sep, Sulph
Lips: Bry

CHILLINESS LASTING ALL DAY: Sil

Evening: Acon, Bell, Bry, Calc, Carb-v, Hep, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sulph

Menses:

Before: Calc, Lyc, Puls, Sep, Sil

During: Bell, Bry, Calc, Ipec, Phos, Puls, Sep, Sil, Sulph

During sweat: Acon, Ars, Bry, Calc, Phos, Puls, Sang, Sulph, Tub

DISORDERED STOMACH: Ipec, Puls

DRINKING agg: Ant-t, Ars, Bry, Calc, Chel, Hep, Lob, Lyc, Puls, Rhus-t, Sep, Sil, Sulph

Agg The chill and causes vomiting: Ars

EATING: AFTER: Ars, Bell, Bry, Calc, Carb-v, Ipec, Lyc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Amel: Ars, Chel, Iod, Phos, Rhus-t

Warm things agg: Bell, Bry, Puls

Indiscrete: Ipec, Puls

EXPOSURE: AFTER: Acon, Ars, Bry, Calc, Carb-v, Hep, Nat-s, Rhus-t, Sep

During rain: Bell, Calc, Nat-s, Rhus-t

Swamps: Nat-s

Tropical countries: Bry, Nat-s

Wet, to: Acon, Bell, Bry, Calc, Nat-s, Rhus-t, Sep

Overheated while: Acon, Calc, Rhus-t, Sep, Sil

Working in clay: Calc

In water: Calc, Rhus-t

EXTERNAL: Acon, Ant-t, Ars, Bell, Bry, Calc, Chel, Iod, Ipec, Merc, Nat-s, Phos, Rhus-t, Sil, Sulph, Verat-v

HEATED: OVERHEATED: Acon, Ant-t, Bell, Bry, Carb-v, Nat-s, Phos, Puls, Rhus-t, Sep, Sil

ICY COLDNESS OF BODY: Ant-t, Ars, Bry, Calc, Carb-v, Nat-s, Sep, Sil

Of skin of whole body, with cold breath: Carb-v

INTERNAL: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Coldness in bloodvessels: Acon, Ant-t, Ars, Lyc, Rhus-t

MENSES:

Before: Calc, Lyc, Puls, Sep, Sil, Sulph

During: Bell, Bry, Calc, Ipec, Lyc, Nat-s, Phos, Puls, Sep, Sil, Sulph

MOTION: Acon, Ant-t, Ars, Bell, Bry, Hep, Iod, Merc, Rhus-t, Sang, Sep, Sil, Sulph

Amel: Acon, Bell, Merc, Puls, Rhus-t, Sep, Sil

After: Ars, Phos, Puls, Rhus-t, Sep

PAIN, DURING: Ars, Bry, Hep, Lyc, Puls, Rhus-t, Sep, Sil, Sulph

SWEAT:

With: Ars, Calc, Lyc, Puls, Rhus-t, Sang, Sulph

After chill: Ars, Bry, Carb-v, Lyc, Phos, Puls, Rhus-t, Sep, Sulph

PREDOMINATING: Ant-t, Ars, Bry, Carb-v, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sulph

Noon: Sulph

Afternoon: Ars, Lyc, Puls, Rhus-t

Evening: Hep, Phos, Puls, Rhus-t, Sulph

SHAKING: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

Forenoon: Phos, Puls

Afternoon: Ars, Chel, Ipec, Phos, Rhus-t, Sulph

Evening: Ars, Carb-v, Chel, Hep, Lyc, Merc, Nat-s, Phos, Sep, Sii, Sulph

Putting hands out of bed: Hep, Phos, Rhus-t

Heat of head: Bell, Bry

Heat without thirst: Sep, Sulph

SIDES: One: Ant-t, Bell, Bry, Carb-v, Chel, Lyc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Left: Carb-v, Lyc, Rhus-t, Sulph

Right: Bry, Chel, Lyc, Phos, Puls, Rhus-t

SINGLE PARTS: Ars, Bell, Bry, Calc, Hep, Lyc, Puls, Rhus-t, Sep, Sil

SLEEP; AFTER amel: Ars, Bry, Calc, Phos, Rhus-t, Sep

SPOTS; IN: Ars, Bell, Bry, Hep, Lyc, Merc, Puls, Rhus-t, Sep, Sil

TIME:

1 a.m.: Ars, Puls, Sil

2 a.m.: Ars, Hep, Puls, Rhus-t, Sil

12 noon to 2 p.m.: Ars, Sulph

1 p.m.: Ars, Chel, Ferr-p, Merc, Phos, Puls, Sil, Sulph

to 2 p.m.: Ars, Merc, Puls

2 p.m.: Ars, Calc, Chel, Lob, Puls, Sang, Sil, Sulph

3 p.m.: Ant-t, Ars, Bell, Calc, Chel, Lyc, Puls, Sil

4 p.m.: Ars, Chel, Hep, Ipec, Lyc, Nat-s, Puls, Sep, Sil, Sulph

to 8 p.m.: Hep, Lyc, Nat-s

5 p.m.: Ars, Chel, Hep, Ipec, Lyc, Phos, Rhus-t, Sep, Sil, Sulph, Tub

6 p.m.: Ant-t, Ars, Bell, Chel, Hep, Lyc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph

till a.m.: Hep

7. p.m.: Ars, Calc, Chel, Hep, Lyc, Nat-s, Phos, Puls, Rhus-t, Sil, Sulph, Tub

TOUCH: agg: Acon, Bell, Hep, Lyc, Phos, Puls, Sep, Sulph

TREMBLING: SHIVERING: Acon, Ant-t, Ars, Bell, Bry, Calc, Merc, Phos, Puls, Rhus-t, Sil, Sulph

UNCOVERING: UNDRESSING, ON: Acon, Ars, Bell, Calc, Hep, Merc, Phos, Puls, Rhus-t, Sep, Sil

WARM:

Room: Acon, Bry, Ipec, Merc, Puls, Sep

Amel: Ars, Bell, Carb-v, Chel, Hep, Merc, Rhus-t, Sep, Sil, Sulph

Does not amel nor does stove: Acon, Ars, Bell, Bry, Calc, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Sep, Sil, Sulph

Weather: Ars, Bell, Bry, Calc, Carb-v, Ipec, Puls, Sulph

WARMTH: EXTERNAL: amel: Ars, Bell, Chel, Hep, Rhus-t, Sep, Sil, Sulph

WATER:

Cold, dashed over one, as if: Ant-t, Ars, Bry, Chel, Lyc, Merc, Phos, Puls, Rhus-t

Poured over him, as if: Ant-t, Ars, Merc, Rhus-t

Wetting, on: Acon, Bell, Bry, Calc, Nat-s, Rhus-t, Sep, Sil

Working in, from: Calc, Rhus-t

FEVER

MORNING, BED, IN: Ars, Puls, Sulph

AFTERNOON: Acon, Ant-t, Ars, Bell, Bry, Calc, Chel, Hep, Iod, Ipec, Lyc, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

Alternate: with chill: Calc

After lying down: Bry, Chel, Puls, Sulph

2 p.m.: Puls, Rhus-t, Sang

Followed by chill at 4 p.m.: Puls

EVENING: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

In bed a. lying down: Acon, Bry, Chel

On entering room: Puls, Sulph

6 to 8 p.m.: Lyc

NIGHT: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph, Tub

With chilliness: Acon, Ars, Carb-v, Rhus-t, Sil, Sulph, Tub

Dry, burning, heat: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Lyc, Phos, Puls, Rhus-t, Tub

Without thirst: Ars

With anxiety: Acon, Ars, Bry, Rhus-t

With sweat: Bell, Bry, Calc, Merc, Phos, Puls, Rhus-t, Sep, Sulph

On waking: Carb-v, Sulph

9 p.m.: Bry, Lyc

MIDNIGHT: Ars, Lyc, Rhus-t, Sep, Sulph

Before: Acon, Ars, Bry, Carb-v, Lyc, Phos, Puls, Sep

After: Ars, Lyc, Merc, Phos, Sulph

ALTERNATE WITH CHILLS: Acon, Ant-t, Ars, Bell, Bry, Calc, Chel, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

Night: Acon, Ipec, Merc, Phos, Sep, Sulph

ANGER, FROM: Acon, Sep

ASCENDING: Acon, Ant-t, Bell, Lyc, Phos, Sep, Sulph

BED, IN: Acon, Ant-t, Bry, Calc, Carb-v, Chel, Hep, Merc, Phos, Puls, Rhus-t, Sil, Sulph

BURNING HEAT: Acon, Ant-t, Ars, Bell, Bry, Carb-v, Chel, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sulph, Tub

Afternoon: Ars, Bell, Bry, Hep, Lyc, Phos, Puls, Rhus-t, Sulph

4 p.m. lasting several hours: Lyc

Evening: Acon, Ars, Bell, Bry, Carb-v, Hep, Ipec, Lyc, Phos, Puls, Rhus-t, Sulph

Night: Acon, Ars, Bell, Bry, Carb-v, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sulph

In bed, intolerable burning: Puls

Midnight: Ars, Lyc, Rhus-t, Sulph

Before: Ars, Bry, Puls, Sep

After: Ars, Lyc, Merc, Phos, Sulph

Alternate with chilliness: Bell

Heat outside, cold inside: Ars

Internal mostly, blood seems to burn in veins: Ars, Bry, Rhus-t

Spreading from hands over whole body: Chel

With thirst: for cold drinks: Acon, Phos

Unquenchable: Ars, Bell, Hep, Phos

Internal and external, body burning hot: Bell

CHILL ABSENT: Acon, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Ipec, Lyc, Puls, Rhus-t, Sulph

Afternoon: Ars, Bell, Bry, Calc, Ipec, Lyc, Puls, Rhus-t, Sang, Sil, Sulph

1 to 2 p.m.: Ars

2 p.m.: Puls

4 p.m.: Ars, Hep, Ipec, Lyc

Evening: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Ipec, Lyc, Puls, Rhus-t, Sulph

Night: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Ipec, Lyc, Phos, Puls, Rhus-t, Sulph

Midnight: Ars, Sulph

Before: Acon, Ars, Bry, Carb-v, Lyc, Puls

After: Ars, Lyc, Sulph

12 to 2 a.m.: Ars

12 to 3 a.m.: Ars

1 to 2 a.m.: Ars

2 a.m.: Ars

CHILL, WITH: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

CHILLINESS, WITH: Acon, Ars, Bell, Calc, Carb-v, Hep, Merc, Phos, Puls, Sep, Sil, Sulph, Tub

From putting hands out of bed: Hep, Tub

CONTINUED: Ant-t, Bry, Carb-v, Chel, Lyc, Phos, Rhus-t, Sulph

DRY HEAT: Acon; Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Evening: Ars, Bell, Carb-v, Puls

Distended veins and burning hands that seek cool places: Puls

Night: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Lyc, Phos, Puls, Rhus-t

With delirium: Ars, Bell, Bry, Lyc, Phos, Rhus-t

DISCREPENCY BETWEEN TEMPERATURE AND PULSE: Pyrog

HIGH: Seneg

Up to 103: Ip; Lyc

Over 103: Acon; Bell; Bry; Ferr-p; Phos

Around 105: Pyrog; Verat-v

EATING, AFTER: Bell, Bry, Calc, Lyc, Phos, Sep, Sil, Sulph

EXTERNAL HEAT: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

With chilliness: Acon, Ars, Bell, Bry, Calc, Hep, Lyc, Merc, Phos, Sep, Sil, Sulph

Desire to be fanned in place of thirst: Carb-v

HEAT ABSENT: Hep, Lyc, Rhus-t, Sulph

HECTIC FEVER: Ars, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Sang, Sep, Sil, Sulph, Tub

INTENSE HEAT: Acon, Ant-t, Ars, Bell, Bry, Chel, Hep, Lyc, Nat-s, Phos, Puls, Rhus-t, Sang, Sil, Tub

With delirium: Ant, Ars, Bell, Bry, Carb-v, Hep, Iod, Puls

INTERNAL HEAT: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Burning in bloodvessels: Ars, Bry, Calc, Rhus-t, Sulph

External chill: Acon, Ars, Bell, Bry, Calc, Chel, Iod, Ipec, Phos, Puls, Rhus-t, Sang, Sil, Sulph

IRREGULAR STAGES: Ars, Bry, Ipec, Sep

IRRITATIVE FEVER: Acon, Ars, Bell, Bry, Carb-v, Lyc, Merc, Puls, Rhus-t, Sulph

Slow: Ars, Bry, Lyc, Phos, Sil, Sulph

MENSES: DURING: Acon, Bell, Bry, Calc, Merc, Phos, Sep, Sulph

MOTION BRINGS ON CHILLINESS: Ant-t, Merc, Rhus-t

Desires quiet in all stages: Bry

PAROXYSMS: agg in severity: Ars, Bry, Puls

Irregular: Ars, Carb-v, Ipec, Puls, Sep

Long chill, little heat, no thirst: Puls

One stage wanting: Ars, Lyc

Short chill, long heat, no thirst: Ipec

PAROXYSMAL FEVER: Bry, Calc, Hep, Lyc, Merc

Night: Merc

PERSPIRATION:

Absent: Acon, Ars, Bell, Bry, Calc, Iod, Ipec, Lyc, Phos, Puls, Rhus-t, Sang, Sil, Sulph, Tub

With heat: Ant-t, Bell, Bry, Calc, Carb-v, Chel, Hep, Ipec, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sulph, Tub

RELAPSING: Ars, Calc, Sulph, Tub

REMITTENT: Acon, Ant-t, Ars, Bell, Bry, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sulph

Afternoon: Ars, Bell, Bry, Lyc

Evening: Acon, Bell, Bry, Lyc, Merc, Phos, Puls, Rhus-t, Sulph

Night: Ant-t, Ars, Lyc, Merc, Phos, Puls, Rhus-t, Sulph

Infants: Acon, Ars, Bell, Bry, Ipec, Sulph

Prone to become typhoid: Ant-t, Ars, Bry, Phos, Rhus-t, Tub

SHIVERING, WITH: Acon, Ant-t, Bell, Bry, Calc, Carb-v, Hep, Merc, Puls, Rhus-t, Sep, Sulph

Uncovering, from: Calc, Rhus-t, Tub

SIDE: One: Bell, Bry, Carb-v, Chel, Lyc, Phos, Puls, Rhus-t, Sulph

Right: Bell, Bry, Carb-v, Phos, Puls, Tub

Left: Bell, Lyc, Merc, Rhus-t, Sulph

With coldness of right: Rhus-t

One cheek red and hot, the other pale and cold: Acon

SLEEP, FEVER COMES ON AFTER: Ars, Bell, Calc, Ferr-p, Hep, Ipec, Lyc, Merc, Phos, Puls, Sep, Sil, Sulph

SUCCESSION OF STAGES:

Chill then heat: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Chill, then heat, then sweat: Ars, Bell, Bry, Carb-v, Hep, Ipec, Lyc, Nat-s, Puls, Rhus-t, Sep, Sulph

Chill then heat with sweat: Acon, Ant-t, Bell, Bry, Carb-v, Hep, Phos, Puls, Rhus-t, Sulph

Chill then sweat without intervening heat: Bry, Carb-v, Chel, Lyc, Merc, Nat-s, Phos, Rhus-t, Sep

Heat then chill: Bell, Bry, Calc, Lyc, Merc, Phos, Puls, Sep, Sulph, Tub

Heat then sweat: Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Ipec, Lob, Lyc, Puls, Rhus-t, Sil, Sulph

UNCOVERING:

Aversion to: Acon, Ars, Bell, Calc, Hep, Merc, Phos, Puls, Rhus-t, Sil, Tub

Desires: Acon, Ars, Bry, Calc, Hep, Iod, Lyc, Phos, Puls, Rhus-t, Sulph

Causes chilliness: Acon, Bell, Calc, Rhus-t, Sep, Tub

In any stage of paroxysm: Ars, Hep, Rhus-t

VEXATION CAUSES HEAT: Acon, Phos, Sep

WARM:

Covering: agg: Acon, Calc, Lyc, Puls, Sulph

Room: agg: Bry, Ipec, Lyc, Puls, Sulph

Warmth: agg: Bry, Puls

WASHING: amel: Puls

WATER; AS IF HOT WATER DASHED WITH OR RUNNING THROUGH BLOODVESSELS: Rhus-t

PERSPIRATION

DAYTIME: Ant-t, Bell, Bry, Calc, Ferr-p, Hep, Lyc, Merc, Puls, Sep, Sil, Sulph

NIGHT AND, WITHOUT amel: Hep

WITH NAUSEA AND LANGUOR: Merc

MORNING: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

In bed: Calc, Lyc, Phos

After heat: Ars, Puls

During sleep: Bell, Chel, Puls

After Waking: Ant-t, Bry, Carb-v, Chel, Phos, Sep, Sulph

EVENING: BED, IN: Ars, Calc, Merc, Sulph

Lasting all night: Chel, Hep, Puls

NIGHT: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Lasting all night without amel: Hep, Merc

With loquacity: Puls

During sleep: Ant-t, Bell, Chel, Phos, Puls

During stupid slumber: Puls

MIDNIGHT: AFTER: Acon, Ars, Chel, Lyc, Merc, Phos, Puls, Sil, Sulph, Tub

4 a.m. during sleep: Chel

AFFECTED PARTS, ON: Ant-t, Ars, Bry, Merc, Rhus-t, Sep, Sil

AIR, COLD: Ars, Bry, Calc, Lyc, Sep

ANGER, FROM: Acon, Bry, Lyc, Sep

ANXIETY, DURING: Ars, Bry, Calc, Carb-v, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Night: Ars, Carb-v

BED: IN: Ars, Bry, Calc, Iod, Lyc, Merc, Phos, Rhus-t, Sep, Sulph

Amel getting out of: Ars, Bell, Calc, Hep, Lyc, Merc, Puls, Rhus-t, Sep, Sulph

CLAMMY: Acon, Ant-t, Ars, Calc, Carb-v, Ferr-p, Hep, Iod, Lyc, Merc, Phos, Tub

COLD: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Tub, Verat-v

Night: Iod, Lob, Rhus-t, Sep

While eating: Merc

Least bodily or mental exertion: Calc, Hep, Sep

COLLIQUATIVE: Ant-t, Ars, Carb-v, Lyc

COUGHING, FROM: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

COVERED PARTS: Acon, Bell, Puls

DYSPNEA, WITH: Ant-t, Ars, Carb-v, Lyc, Sil, Sulph

EATING, DURING: Ant-t, Ars, Bry, Calc, Carb-v, Merc, Phos, Puls, Sep, Sil

Amel: Phos

Anxiety and cold sweat: Merc

After: Ars, Bry, Calc, Carb-v, Lyc, Phos, Sep, Sil, Sulph

Warm food: Bry, Carb-v, Phos, Puls, Sep

Exertion, slight: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Lyc, Merc, Nat-s, Phos, Rhus-t, Sep, Sil, Sulph

Mental: Bell, Calc, Hep, Lyc, Phos, Sep, Sil, Sulph, Tub

FEVER, AFTER: Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Lyc, Nat-s, Phos, Puls, Rhus-t

HEAD, EXCEPT: Bell, Merc, Rhus-t, Sep

HOT: Acon, Bell, Bry, Calc, Carb-v, Chel, Ipec, Phos, Puls, Sep, Sil, Sulph

LONG LASTING: Ars, Hep

LYING WHILE: Ars, Chel, Hep, Lyc, Merc, Pills, Rhus-t, Sep

MOTION: Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Iod, Ipec, Merc, Phos, Puls, Sep, Sil, Sulph

Amel: Ars, Merc, Puls, Rhus-t, Sep, Sulph

ODOR:

Fetid: Hep, Lyc, Merc, Tub

Offensive: Ars, Bell, Carb-v, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Night: Ars, Carb-v, Merc, Rhus-t

Putrid: Carb-v, Rhus-t

Sour: Acon, Ars, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Puls, Rhus-t, Sep, Sil, Sulph

Morning: Bry, Carb-v, Iod, Lyc, Rhus-t, Sulph

Night: Ars, Bry, Hep, Iod, Lyc, Sep, Sulph

OILY: Bry, Calc, Merc

Night: Bry, Merc

PAIN FROM: Acon, Ant-t, Bell, Bry, Calc, Chel, Hep, Lyc, Merc, Rhus-t, Sep, Sulph

PROFUSE: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph, Tub, Verat-v

Morning: Acon, Ars, Bry, Carb-v, Merc, Phos, Puls, Rhus-t, Sep, Sil

After waking: Sep, Sulph

Night: Ant-t, Ars, Bry, Carb-v, Chel, Ferr-p, Hep, Iod, Lob, Lyc, Merc, Phos, Sil, Sulph

With sleeplessness: Iod, Sulph

On affected parts: Ant-t

Day and night without amel: Hep, Merc

On waking: Sep, Sulph

ROOM, IN: Acon, Bry, Ipec, Phos, Puls, Rhus-t, Sep, Sulph

SIDES: ONE: Acon, Bell, Bry, Lyc, Merc, Phos, Puls, Rhus-t, Sulph

Left: Phos, Puls, Rhus-t

SINGLE PARTS: Acon, Ars, Bell, Bry, Calc, Hep, Ipec, Lyc, Merc, Puls, Rhus, Sep, Sil, Sulph, Tub

Front of body: Calc, Merc, Phos

SITTING, WHILE: Ars, Calc, Lyc, Phos, Rhus-t, Sep, Sulph

SLEEP: Beginning: Ars, Calc, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

During: Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph, Tub

Waking, after: Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Lyc, Merc, Phos, Sep, Sil, Sulph

Amel: Ars, Bell, Chel, Phos, Puls, Sep, Sil, Sulph

STAINS LINEN: Ars, Bell, Merc

Yellow: Ars, Bell, Bry, Ipec, Merc, Tub

STOOL: Before: Acon, Ant-t, Bell, Bry, Calc, Merc, Phos, Rhus-t

During: Acon, Ars, Bell, Calc, Carb-v, Hep, Ipec, Merc, Rhus-t, Sep, Sulph

After: Acon, Ars, Calc, Carb-v, Mer, Phos, Rhus-t, Sep, Sulph

Warm, becomes cold and sticky: Merc

SUDDENLY, COMES AND GOES: Bell

SUPPRESSION, FROM: Acon, Ars, Bell, Bry, Calc, Carb-v, Hep, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

SYMPTOMS, SWEAT agg: Acon, Ant-t, Ars, Calc, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sulph

Amel: Acon, Ars, Bell, Bry, Hep, Lyc, Rhus-t

After: agg: Acon, Ant-t, Ipec, Merc, Phos, Puls, Sep, Sil, Sulph

UNCOVERING: AVERSION TO: Acon, Ars, Calc, Hep, Rhus-t, Sil, Tub

Amel: Acon, Bell, Calc, Lyc, Puls, Sulph

VEXATION, AFTER: Acon, Bry, Lyc, Sep

WARMTH CAUSING UNEASINESS: Calc, Puls, Sep, Sulph

WRITING, WHILE: Hep, Sep, Sulph, Tub

SKIN

BLUISH, GENERAL: Ant-t; Bell

BURNING: Bell

COLD: Carbo-v

DRY: Acon

ECCHYMOSIS, Patches of, after coughing: Lob

GREASY: Merc

HOT: Acon, Bapt, Bry, Nat-s, Phos, Seneg

Waves of heat: Bapt

Waves of heat followed by waves of cold: Pyrog, Sulph

PERSPIRATION:

Cold, icy: Ant-t; Carbo-v

Coughing, after spasm of: Rhus-t

Exertion, slightest, after: Hep

Hot: Bry; Phos

Damp: Bapt, Bry, Lob, Nat-s, Phos, Pyrog, Seneg, Sulph

Profuse: Hep, Merc, Rhus-t, Seneg, Verat-v

TINGLING: Lob

URTICARIA: Lob

GENERALS

ACHING GENERAL: Bapt, Pyrog, Rhus-t

Sensitive to hard bed: Bapt, Pyrog

ACONITE, ABUSE OF, AFTER: Bry, Sulph

DAYTIME: Puls, Rhus-t, Sang, Sep, Sulph

MORNING: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Verat-v

11 a.m.: Ars, Ipec, Sulph

Night: Rhus-t

FORENOON: Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ipec, Merc, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Amel: Lyc

NOON, AFTER EATING: amel: Chel

AFTERNOON: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

3 p.m.: Ars, Bell, Sil, Sulph

4 p.m.: Carb-v, Chel, Lyc, Nat-s, Puls

to 8 p.m.: Lyc, Sulph

EVENING: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Dusk: Phos; Verat-v

Twilight agg: Ars, Calc, Phos, Puls, Rhus-t

Evening to midnight: Acon

6-7 p.m: Hep

9 p.m.: Bry, Sulph

NIGHT: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

MIDNIGHT:

Before: Ant-t, Ars, Bell, Bry, Carb-v, Chel, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sulph

After: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Merc, Nat-s, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

1-3 a.m: Ars

2 a.m: Hep

2-4 a.m. (3 a.m.): Kali-c

3-4 a.m.: Nat-s

4 a.m.: Chel

4-6 a.m.: Ferr-p

5 a.m.: Sulph

AIR: DRAFT agg: Acon, Ars, Bell, Bry, Calc, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil

Open: aversion to: Bell, Bry, Calc, Carb-v, Chel, Hep, Ipec, Lyc, Merc, Phos, Rhus-t, Seneg, Sep, Sil, Sulph

Desire for: Acon, Ant-t, Ars, Bry, Carb-v, Iod, Lyc, Nat-s, Phos, Puls, Rhus-t, Seneg, Sep, Sulph

AGED PERSONS: Bry, Nat-s, Seneg, Acon, Ant-t, Ars, Carb-v, Iod, Lyc, Sulph

INFANTS: Acon, Ant-t, Bry, Ferr-p, Ipec, Lob, Lyc, Merc, Phos

ANEMIA: Acon, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Iod, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph

ANXIETY, GENERAL PHYSICAL: Acon, Ant-t, Ars, Bry, Calc, Carb-v, Chel, Ferr-p, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sulph

BATHING: dread of: Bell, Bry, Calc, Carb-v, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Agg: Ant-t, Bell, Bry, Calc, Carb-v, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Amel: Acon, Ant-t, Ars, Bry, Chel, Puls, Sep

The affected part amel: Ant-t, Ars, Bry, Chel, Puls, Sep

Cold agg: Bell, Phos, Rhus-t, Sep, Tub

BREAKFAST, AFTER: agg: Ars, Bell, Bry, Calc, Carb-v, Lyc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

BURNS, AFTER: Ars, Calc, Carb-v, Rhus-t

CHANGE OF:

Position agg: Acon, Bry, Carb-v, Chel, Lyc, Phos, Puls, Rhus-t, Sil

Amel: Ars, Nat-s, Puls, Rhus-t

Temperature agg: Acon, Ars, Carb-v, Lyc, phos, Puls, Rhus-t, Sulph

Weather agg: Ant-t, Ars, Bell, Bry, Calc, Chel, Hep, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph, Tub

Cold to warm agg: Bry, Carb-v, Chel, Lyc, Nat-s, Puls, Sulph, Tub

CHLOROTIC SUBJECTS: Ars, Bell, Calc, Carb-v, Ferr-p, Hep, Lyc, Merc, Phos, Puls, Sep, Sulph

CLOTHING: Intolerable: Bry, Calc, Carb-v, Hep, Lyc, Nat-s, Puls, Sep, Sulph

Loosening amel: Bry, Calc, Carb-v, Chel, Hep, Lyc, Puls, Sep, Sulph

COLD:

Air agg: Acon, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Becoming: Acon, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Lyc, Merc, Phos, Rhus-t, Sep, Sil, Sulph

Amel: Acon, Ant-t, Bell, Bry, Carb-v, Iod, Ipec, Lyc, Merc, phos, Puls, Seneg, Sulph

After agg: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

A part of the body agg: Bell, Hep, Puls, Rhus-t, Sep, Sil

Feet: Puls

Sit, hands out of bed: Hep, Phos, Rhus-t, Sil

Head: Bell, Puls, Sep, Sil

Dry weather agg: Acon, Ars, Bell, Bry, Carb-v, Hep, Ipec, Sep, Sil, Sulph

Entering a place: agg: Ars, Carb-v, Hep, phos, Puls, Rhus-t, Sep, Sil, Tub

Tendency to take: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph, Tub

Wet weather agg: Ars, Bell, Bry, Calc, Carb-v, Hep, Iod, Ipec, Lyc, Merc, Nat-s, phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph, Tub

Feeling in bloodvessels: Acon, Ant-t, Ars, Lyc, Rhus-t

COLLAPSE: Ars, Carb-v, Iod, Merc, Phos

Sudden: Ars, phos

After vomiting: Ars, Lob

CYANOSIS: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Ipec, Lyc, Phos, Puls, Rhus-t, Seneg, Sil, Sulph

DEVELOPMENT:

Rapid: Bapt

Exposure:

Approx 12 hours after: Ferr-p

Approx 24 hours after: Ip

After 24 hrs: Bry, Chel, Phos, Verat-v

5th day onwards: Ant-t

DRY WEATHER: agg: Ars, Bry, Carb-v, Hep, Phos, Sep, Sil, Sulph

DWARFISH SUBJECTS: Calc, Iod, Lyc, Merc, Sil, Sulph

EATING:

Before: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

During: Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Iod, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

After: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Amel: Acon, Ars, Bry, Calc, Chel, Hep, Iod, Merc, Phos, Puls, Rhus-t, Sep, Sil

To satiety: Calc, Carb-v, Lyc, Puls, Sep, Sil, Sulph

EMACIATED SUBJECTS: Ant-t, A, rls, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Sep, Sil, Sulph, Tub

Children: Ars, Calc, Carb-v, Iod, Lyc, Phos, Puls, Sep, Sil, Sulph

Aged: Iod, Lyc

Pining boys: Lyc, Tub

EXERTION, PHYSICAL, agg: Acon, Ant-t, Ars, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Sep, Sil,

Sulph, Tub

Amel: Rhus-t, Sep, Sil

EXHAUSTED: Kali-c; Sulph

After paroxysms of coughing: Carbo-v; Hep-s; Ip

FAINTNESS:

Morning: Ars, Carb-v, Puls, Sang, Sulph

Rising on: Bry, Carb-v, Iod, Sep

11 a.m.: Sulph

Chill, during: Ars, Sep

Close room: Acon, Ipec, Puls

Crowded room: Ars, Lyc, Phos, Puls, Sulph

Exertion: Ars, Calc, Carb-v, Sep, Sulph

Fever, during: Acon, Bell, Phos, Sep

Frequent: Ars, Phos, Sulph

Fright, after: Acon

With heat then coldness: Sep

Menses, during: Calc, Puls, Sep, Sulph

Motion: Ars

Rising from bed: Acon, Bry, Carb-v, Iod, Rhus-t, Sep

Sitting up: Acon, Bry, Carb-v, Ipec, Sulph, Verat-v

Urination, after: Acon

Vomiting, after: Ars

Waking: Carb-v

Warm room: Acon, Ipec, Lyc, Puls, Sep

FOOD:

Beans and peas: **agg:** Ars, Bry, Calc, Carb-v, Lyc, Puls, Sep, Sil

Bread: **agg:** Bry, Merc, Phos, Puls, Rhus-t, Sep, Sulph

And butter: **agg:** Phos, Puls, Sep, Sulph

Butter: **agg:** Acon, Ant-t, Ars, Bell, Carb-v, Hep, Ipec, Phos, Puls, Sep, Sulph

Cold drinks: **agg:** Ars, Bell, Calc, Carb-v, Chel, Lyc, Merc, Puls, Rhus-t, Sil, Sulph

Amel: Ant-t, Ars, Bry, Calc, Phos, Puls, Sep

Cold food: **agg:** Ars, Bry, Calc, Carb-v, Chel, Hep, Lyc, Merc, Nat-s, Puls, Rhus-t, Sep, Sil, Sulph

Flatulent food agg: Ars, Bry, Calc, Carb-v, Lyc, Puls, Sep, Sil
Fruit agg: Acon, Ant-t, Ars, Bry, Calc, Carb-v, Ipec, Lyc, Nat-s, Phos, Puls, Sep
Milk agg: Ant-t, Ars, Bry, Calc, Carb-v, Chel, Lyc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph
Onions agg: Lyc, Puls
Rich food agg: Bry, Carb-v, Ipec, Nat-s, Phos, Puls, Sep
Sight of, agg: Ant-t, Lyc, Sulph
Veal agg: Ars, Calc, Ipec, Sep, Sulph
Vegetables (green): agg: Ars, Bry, Lyc, Nat-s
Warm drinks amel: Ars, Bry, Chel, Lyc, Rhus-t, Sulph
Warm food agg: Acon, Ant-t, Bell, Bry, Calc, Carb-v, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

HEAT, LACK OF VITAL: Ars, Calc, Carb-v, Chel, Hep, Ipec, Lyc, Merc, Phos, Rhus-t, Sep, Sil, Sulph, Tub

HEATED, BECOMING: Acon, Bell, Bry, Carb-v, Hep, Iod, Ipec, Merc, Phos, Puls, Sep, Sil

IRRITABILITY, EXCESSIVE PHYSICAL: Acon, Ant-t, Ars, Bell, Bry, Hep, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Lack of: Ant-t, Ars, Bry, Calc, Carb-v, Iod, Ipec, Lyc, Phos, Rhus-t, Seneg, Sep, Sulph

JAR, STEPPING: agg: Acon, Ars, Bell, Bry, Calc, Chel, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

LASSITUDE: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

LEAN PEOPLE: Bry, Iod, Lyc, Phos, Sep, Sil, Sulph, Tub

LIE DOWN, INCLINED TO: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

LYING: agg: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sulph

Amel: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Phos, Rhus-t, Seneg, Sep, Sulph

After: agg: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Amel: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Lie on back, must: Acon, Sulph

On back, with head thrown back: Phos

On back amel: Acon, Phos, Sulph

On abdomen: amel: Ars, Bell, Bry, Calc, Chel, Phos, Rhus-t, Sep

On back: agg: Acon, Ars, Bell, Bry, Calc, Iod, Merc, Nat-s, Phos, Rhus-t, Sep, Sil, Sulph

Amel: Acon, Bell, Bry, Calc, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

In bed: agg: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Amel: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

On sides: agg: Acon, Bell, Bry, Calc, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Amel: Acon, Ars, Bell, Bry, Iod, Phos, Rhus-t, Sep, Sulph

Right side: agg: Acon, Bry, Ipec, Lyc, Merc, Phos, Seneg, Sulph

Left side: agg: Acon, Ant-t, Bell, Bry, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Painful side: agg: Acon, Ars, Bell, Bry, Calc, Carb-v, Hep, Iod, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil

Amel: Bell, Bry, Calc, Carb-v, Lyc, Puls, Rhus-t, Sep, Sulph

Painless side: agg: Bell, Bry, Calc, Carb-v, Chel, Lyc, Phos, Puls, Rhus-t, Sep

MAGNETISM: amel: Acon, Bell, Calc, Iod, Phos, Sep, Sil, Sulph

MEASLES, AFTER: Bell, Bry, Carb-v, Puls, Rhus-t, Sulph

MOTION: agg: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Merc, Nat-s, Phos, Puls, Sang, Seneg, Sep, Sil, Sulph

Amel: Acon, Ant-t, Ars, Calc, Carb-v, Ferr-p, Hep, Lob, Lyc, Nat-s, Puls, Rhus-t, Seneg, Sep, Sulph, Tub

Agg at beginning: Ant-t Calc, Carb-v, Lyc, Phos, Puls, Rhus-t, Sil,

After, agg: Ars, Carb-v, Iod, Merc, Phos, Puls, Rhus-t, Sep

Of affected parts: Acon, Ant-t, Ars, Bell, Bry, Chel, Hep, Iod, Merc, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

Amel: Acon, Ars, Calc, Lyc, Puls, Rhus-t, Sep, Sulph

Aversion to: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ipec, Lyc, Merc, Phos, Puls, Sang, Sep, Sil, Sulph

Continued: amel: Bry, Carb-v, Lyc, Puls, Rhus-t, Sep, Sil

MUCUS SECRETIONS INCREASED: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

NEGLECTED: Lob, Lyc, Phos, Sang, Sep, Sil, Sulph

OBESE SUBJECTS: Bry, Calc, Iod, Ipec, Lyc, Merc, Puls, Seneg, Sep, Sil, Sulph

ONSET:

Gradual: Bry; Chel; Nat-s; Phos; Verat-v

Slow: Bapt; Pyrog; Rhus-t; Sen

Sudden: Aco; Bell

PLEURA: Ant-t, Bry, Calc, Hep, Iod, Phos, Rhus-t, Seneg, Sulph

PAIN:

Amel and Agg suddenly: Bell

Biting: Carb-v, Sulph

Boring: Bell, Puls

Burning: Ars, Bry, Carb-v, Merc, Phos, Rhus-t, Sep, Sil, Sulph

Bloodvessels in: Ars, Rhus-t

External: Acon, Ars, Bell, Bry, Merc, Phos, Puls, Rhus-t, Sang, Sep, Sulph

Constricting, external: Puls

Cutting, external: Bell, Calc

Internal: Bell, Calc, Lyc, Merc, Puls, Sil, Sulph

Drawing: Carb-v, Chel

Gnawing: Merc

Internal: Puls, Sep
Jerking, external: Calc, Puls, Rhus-t
Internal: Bell, Puls, Sil, Sulph
Paralytic: Bell
Pinching: Bell
Internal: Calc, Chel, Lyc
Pressing, external: Phos, Puls, Rhus-t, Sep, Sil, Sulph
Internal: Ars, Bell, Calc, Carb-v, Lyc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph
As from a load: Acon, Bell, Bry, Ipec, Phos, Rhus-t, Sep, Sulph
Together: Sulph
Within outward: Bry, Puls, Sulph
Scraped, as if: Puls, Sulph
Sore, bruised: Rhus-t, Sil
External: Bell, Hep, Rhus-t, Sil, Sulph
Internal: Puls
Splinter-like: Hep
Stitching, external: Bell, Bry, Calc, Merc, Puls, Rhus-t, Sulph
Internal: Bry, Chel, Merc, Phos, Puls, Sep, Sil
Burning: Ars
Downward: Carb-v, Rhus-t
Outward: Chel, Merc, Sulph
Transversely: Bell
Upward: Bell, Sep
Stages of disease process:
Incipient Stage: Acon; Bell; Ferr-p; Ip
Second stage (frankly developed pneumonia): Bry; Chel; Phos; Verat-v
Third stage (complicated).
Mixed infection or alcoholic patient: Bapt; Hep; Merc; Pyrog; Rhus-t
Creeping type or adult broncho-pneumonia: Lob; Nat-s; Puls
Fourth stage (late pneumonia): Ant-t; Ars; Carbo-v; Kali-c; Lyc; Sulph
Tearing:
External: acon, bell, bry, lyc, nat-s, puls, sep, sil, sulph
Internal: Bell, Bry, Carb-v, Lyc, Merc, Puls, Sep, Sil, Sulph

Tearing away: Rhus-t

Downward: Bell, Lyc, Rhus-t, Sulph

Upward: Bell, Sep, Sil

TWISTING: Sil

Ulcerative external: Bry, Puls, Rhus-t, Sulph

Internal: Puls, Sil

Wandering: puls

PERSPIRATION

Does not amel: Acon, Ant-t, Ars, Bell, Calc, Carb-v, Chel, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sulph, Verat-v

Amel: Ars, Bry, Calc, Lyc, Rhus-t

After: agg: Ars, Bell, Bry, Calc, Carb-v, Iod, Lyc, Merc, Phos, Puls, Sep, Sil, Sulph

Amel: Acon, Ant-t, Ars, Bell, Bry, Chel, Hep, Ipec, Lyc, Puls, Rhus-t, Sulph

Suppression of: Acon, Ars, Bell, Bry, Calc, Carb-v, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phas, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

PLETHORIC SUBJECTS: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

PRESSURE: agg: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Amel: Acon, Ars, Bell, Bry, Calc, Chel, Ipec, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

On painless side: agg: Bell, Bry, Calc, Carb-v, Lyc, Puls, Rhus-t, Sep

PULSE:

Abnormal: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Frequent: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Verat-v

After eating: Iod, Lyc, Phos, Puls, Rhus-t, Sulph

After vexation: Acon, Sep

Arid small: Acon, Ars, Bell, Bry, Iod, Lob, Lyc, Phos, Puls, Rhus-t, Sil

Full: Acon, Ant-t, Ars, Bell, Bry, Chel, Ferr-p, Hep, Iod, Lyc, Merc, Phos, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Verat-v

Hard: Acon, Ant-t, Ars, Bell, Bry, Chel, Hep, Iod, Lyc, Merc, Phos, Seneg, Sep, Sil, Sulph, Verat-v

Imperceptible: Acon, Ant-t, Ars, Bell, Carb-v, Chel, Ipec, Merc, Phos, Puls, Rhus-t, Sil, Sulph

Almost: Acon, Ant-t, Ars, Bell, Ipec, Merc, Phos, Puls, Rhus-t, Seneg

Intermittent: Acon, Ars, Bell, Bry, Carb-v, Hep, Iod, Lob, Merc, Phos, Rhus-t, Sep, Sulph, Verat-v

Irregular: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Iod, Lob, Merc, Phos, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Verat-v

And slow: Acon, Ars, Bell, Chel, Iod, Lob, Rhus-t, Seneg, Verat-v

Slow: Acon, Ant-t, Ars, Bell, Chel, Hep, Iod, Lab, Merc, Phos, Puls, Rhus-t, Sang, Sep, Sil, Verat-v

Small: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Iod, Ipec, Lab, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sil, Sulph

Soft: Acon, Ant-t, Ars, Bell, Bry, Carb-v, Hep, Iod, Ipec, Lob, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sil, Verat-v

Tremulous: Acon, Ant-t, Ars, Bell, Calc, Iod, Merc, Phos, Rhus-t, Sep

Weak: Acon, Ant-t, Ars, Bell, Bry, Carb-v, Iod, Ipec, Lob, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Verat-v

REACTION, LACK OF: Ant-t, Ars, Bry, Calc, Carb-v, Iod, Ipec, Lyc, Merc, Phos, Seneg, Sep, Sulph

RISING: agg: Acon, Ant-t, Ars, Bell, Bry, Chel, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Verat-v

Amel: Acon, Ant-t, Ars, Bell, Bry, Cnlc, Carb.v, Chel, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

RUBBING: agg: Ars, Calc, Chel, Merc, Puls, Seneg, Sep, Sil, Sulph

Amel: Acon, Ant-t, Ars, Bell, Bry, Calc, Chel, Hep, Merc, Phos, Rhus-t, Seneg, Sulph

SCARLET FEVER, AFTER: Bell, Bry, Calc, Carb-v, Hep, Lyc, Merc, Phos, Rhus-t, Sulph

SENSITIVE:

External: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Internal: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Iod, Ipec, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

To pain: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Ferr-p, Hep, Iod, Ipec, Lyc, Merc, Phos, Rhus-t, Seneg, Sep, Sil, Sulph, Tub

SITTING:

Agg: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

Amel: Acon, Ant-t, Ars, Calc, Carb-v, Chel, Hep, Iod, Ipec, Merc, Phos, Puls, Sil, Sulph **Must sit up in bed with knees drawn up, rests head and arms on knees:** Ars

SLEEP:

Before: agg: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, sulph

At beginning of: Ars, Bell, Bry, Calc, Carb-v, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

During: agg: Acon, Ant-t, Ars, Bell, Bry, Calc, Chel, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sil, Sulph

After: agg: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Lyc, Phos, Puls, Rhus-t, Sep, Sulph

Amel: Acon, Ars, Bry, Calc, Ipec, Merc, Phos, Puls, Sang, Sep

SNOW-AIR: agg: Calc, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

STANDING: agg: Acon, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph, Tub

Amel: Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Merc, Phos

STONE-CUTTERS: Calc, Ipec, Lyc, Puls, Sil, Sulph

STRETCHING: Acon, Ant-t, Ars, Bell, Calc, Carb-v, Chel, Hep, Lob, Merc, Nat-s, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Before urination: Puls

SYCOTIC SUBJECTS: Ant-t, Bry, Calc, Carb-v, Hep, Iod, Lyc, Merc, Nat-s, Puls, Sep, Sil, Sulph

SYPHILITIC SUBJECTS: Ars, Carb-v, Hep, Iod, Merc, Phos, Sil, Sulph

TEMPERATURE REACTION TO:

Sensitive to cold: Ars; Ferr-p; Hep; Merc; Phos; Rhus-t; Seneg

Sensitive to draughts: Ferr-p; Hep; Phos

Sensitive to heat: Ant-t; Bap; Lach; Nat-s; Pyrog; Puls; Seneg

Sensitive to heat and cold: Merc; Seneg

Waves of hot and cold: Sulph

TOUCH: agg: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Hep, Iod, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Slight: agg: Ars, Bell, Merc, Phos

TOUCHING COLD THINGS: agg: Calc, Hep, Merc, Rhus-t, Sil

TYPHOID: Ant-t, Bry, Lyc, Phos, Rhus-t, Sang, Sulph,

UNCOVERING: agg: Acon, Ars, Bell, Bry, Hep, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil

Single parts: agg: Bry, Hep, Rhus-t, Sil

UNDRESSING: agg: Ars, Calc, Hep, Nat-s, Puls, Rhus-t, Sep, Sil

VACCINATION AFTER: Ars, Hep, Sil, Sulph

VOMITING: agg: Acon, Ant-t, Ars, Bell, Bry, Calc, Iod, Ipec, Lyc, Phos, Puls, Sep, Sil, Sulph

WAKING: Acon, Ant-t, Ars, Bell, Bry, Calc, Chel, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph

Amel: Ars, Bry, Calc, Ipec, Phos, Puls, Sep

WARM: agg: Acon, Ant-t, Bell, Bry, Carb-v, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Seneg, Sulph

Air; agg: Ant-t, Bry, Calc, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Seneg, Sulph

Bed; agg: Ant-t, Bry, Calc, Carb-v, Iod, Ipec, Lyc, Merc, Phos, Puls, Seneg, Sulph

Amel: Ars, Bell, Bry, Hep, Lyc, Phos, Rhus-t, Sep, Sil, Sulph, Tub

Room: agg: Acon, Ant-t, Bell, Bry, Calc, Carb-v, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Seneg, Sulph, Tub

Stove: amel: Acon, Ars, Bell, Hep, Rhus-t, Sil, Sulph

Wet weather: agg: Carb-v, Iod, Nat-s, Sil

Wraps: agg: Acon, Bry, Calc, Carb-v, Iod, Lyc, Merc, Phos, Puls, Rhus-t, Seneg, Sep, Sulph

WEAKNESS: Acon, Ant-t, Ars, Bell, Bry, Calc, Carb-v, Chel, Ferr-p, Hep, Iod, Ipec, Lob, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Tub, Verat-v

Morning: Ars, Bell, Bry, Calc, Carb-v, Chel, Iod, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Sep, Sil, Sulph

Bed in: Carb-v, Hep, Phos, Puls, Sil

Lying: Puls

Rising: Bry, Hep, Lyc, Phos, Sep, Sil, Sulph

Forenoon: Acon, Ant-t, Bry, Carb-v, Lyc, Sep

Afternoon: Acon, Bell, Bry, Lyc, Nat-s, Rhus-t, Sang, Sil, Sulph

Eating, after: Ars, Hep, Lyc, Phos, Rhus-t, Sang, Sil, Sulph

Exertion, least: Acon, Ars, Bry, Calc, Carb-v, Lyc, Merc, Phos, Rhus-t, Sep, Sulph

Fever, during: Acon, Ant-t, Ars, Bry, Carb-v, Lyc, Phos, Puls, Rhus-t, Sulph

Hunger, from: Iod, Phos, Sulph

Mental exertion: Ars, Bell, Calc, Lyc, Puls, Sep, Sil, Sulph

Motion: Ars, Bry, Merc, Phos, Sulph

Nervous: Acon, Ars, Bell, Bry, Calc, Carb-v, Hep, Iod, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph

Pain, from: Ars, Carb-v, Rhus-t

Paralytic: Ars, Bell, Bry, Calc, Carb-v, Chel, Merc, Phos, Puls, Rhus-t, Sil

Slides down in bed: Ars, Carb-v, Phos, Rhus-t
Sweat, from: Acon, Ars, Bry, Calc, Carb-v, Ferr-p, Iod, Lyc, Merc, Phos, Puls, Sep, Sil, Sulph, Tub, Verat-v
Night: Ars, Bry, Merc, Tub
Rapid: Ars, Sep
Rising: Ars, Bry, Lyc, Rhus-t
Sitting: Ars, Bry, Chel, Lyc, Rhus-t, Sulph
Stool, after: Ant-t, Ars, Calc, carb-v, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Sep, Sulph
Tremulous: Ars, Carb-v, Hep, Lyc, Phos, Puls, Sep
Sudden: Acon, Ars, Calc, Carb-v, Hep, Ipec, Lyc, Phos, Sep
Talking: Calc, Iod, Sep, Sil, Sulph
Waking: Bell, Bry, Chel, Ferr-p, Lyc, Puls, Rhus-t, Sang, Sep, Sulph
Warm room: Iod, Puls

WEARINESS: Morning: Ars, Carb-v, Sep, Sulph
Eating, after: Ars, Rhus-t, Sang

WET: applications: Bell, Bry, Calc, Carb-v, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph
Getting: Ars, Bell, Bry, Calc, Carb-v, Hep, Ipec, Lyc, Phos, Puls, Rhus-t, Sep, Sulph
Feet: Merc, Phos, Puls, Rhus-t, Sep, Sil
Head, Bell, Puls
Sweat during: Acon, Calc, Rhus-t, Sep

WEATHER:

Change of weather agg: Ant-t, Ars, Bell, Bry, Calc, Carb-v, Hep, Iod, Ipec, Lyc, Merc, Nat-s, Phos, Puls, Rhus-t, Sang, Seneg, Sep, Sil, Sulph, Tub
Cold: Ars, Phos
Foggy: Bry, Rhus-t, Sep, Sil, Sulph
Spring: Bry
Early: Lach
WINTER: Acon, Ars, Bell, Bry, Calc, Carb-v, Hep, Ipec, Lyc, Merc, Phos, Puls, Rhus-t, Sep, Sil, Sulph
Winter late: Lach; Merc

WIND: Acon, Ars, Bell, Bry, Calc, Carb-v, Lyc, Phos, Puls, Sulph

Cold: Acon, Ars, Bell, Bry, Carb-v, Hep, Ipec, Sep, Sil